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ABSTRACT

The purpose of this guide is to amplify the specific issues concerning substance abuse which Head Start grantees need to address, and to suggest resources and strategies to respond to these issues. The guide consists of five chapters, a bibliography, and two appendixes. An introduction (chapter I) discusses the problem of substance abuse and the importance of developing strategies to address this problem within the framework and resources of the existing Head Start program. It is emphasized that strong collaboration must exist between Head Start and other community programs and agencies. Chapter II addresses issues related to Head Start staff, including the staff's role in addressing substance abuse, staff training, development of strategies and policies, and employee assistance programs. Chapters III and IV discuss Head Start's role in helping children and their families affected by substance abuse. Issues include the identification of affected and at-risk children and families with substance abuse problems, approaches to prevention, the adaptation of existing curricula, referral and follow-up procedures, and approaches for special family populations, includent migrant worker Native American, immigrant, and homeless families. The importance of community partnerships is addressed in Chapter V, with specific reference to: (1) how Head Start grantees can link up effectively with other community resources; and (2) what kinds of services and programs are available in communities. A list of resources appears at the end of each chapter. Appended are a bibliography of 17 references; a list of commonly abused substances, their street names, and their effects; and an extensive list of national, regional, and state resources. (GLR)

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HEAD START SUBSTANCE ABUSE GUIDE

A Resource Handbook for Head Start Grantees and Other Collaborating Community Programs

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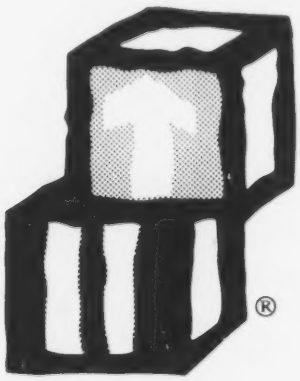
HEAD START SUBSTANCE ABUSE GUIDE

A Resource Handbook for Head Start Grantees and Other Collaborating Community Programs

by Raymond C. Collins and Penny R. Anderson



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I. Introduction

The Problem of Substance Abuse

Head Start is a program which strengthens and supports families in their efforts to protect and nurture their young children. Because substance abuse is a problem everywhere, Head Start staff increasingly recognize it is a crisis which directly affects children and families in their communities.

Experts in the Public Health Service estimate that one out of every five preschool children is affected in some way by substance abuse. Head Start teachers can expect that there will be children in their classrooms touched by this problem. Early and regular substance abuse for long periods of time by parents or other family members poses great risks for the young child. Children can be threatened physically, mentally or emotionally.

It is reasonable to assume that adults associated with Head Start may be affected by substance abuse in the same proportion as the general adult population. The 1990 National Household Survey on Drug Abuse, conducted for the National Institute on Drug Abuse, contains the following information.

- Over 4.8 million (8%) of women in their childbearing years (15-44 years of age) used an illegal drug in the month prior to the survey.
- Among both males and females, the survey found a reduction in illegal drug use over a five year period.
- However use of illegal drugs increased in certain subgroups, including young adults, blacks, the unemployed and residents of large metropolitan areas.
- Alcohol remained the most widely abused substance. Frequently, however, alcohol was abused along with one or more illegal drugs.

The most commonly used drugs and other substances are:

- depressants (alcohol and tranquilizers);
- stimulants (cocaine, crack cocaine, and amphetamines);
- hallucinogens (PCP and LSD);
- narcotics (methadone and heroin); and
- inhalants (glue, paint thinner, and liquid paper).

More detailed information about commonly abused substances is found in Appendix A. While the immediate and long-term effects of these substances vary, substance abuse in any form always affects everyone in the family of the person abusing substances.

What is a Head Start Substance Abuse Strategy?

Head Start grantees must address many important and complex issues affecting the lives of the children and families they serve. It is not always possible to develop special program initiatives, curricula, training and component resources to address each of these family issues. Yet it ***is*** important to develop basic and lasting strategies to address these issues ***within*** the framework and resources of the existing Head Start program.

Grantees' responses to substance abuse is an example of this need for basic program strategies. Because of the grantees' responsibilities to address standards of health, education, social services and parent involvement, they must find ways to address the needs of children and families involved with or affected by the abuse of alcohol and other drugs. Specific substance abuse strategies must encompass activities from all the components and evolve from the general Head Start program mission. The strategies should accomplish the following:

- Strengthen staff capacity to respond to families who are involved with abuse of alcohol or drugs, or who are vulnerable to involvement;
- Identify families vulnerable to or involved with substances;
- Help families receive sufficient and effective services from their communities;
- Assist families in supporting and nurturing their children;
- Make families aware of the health consequences associated with the abuse of substances; and
- Provide extra support for children whose lives are affected by a family member's involvement with alcohol or drugs.

By drawing upon approaches and resources from existing programs, grantees can enlarge, modify, or adapt ongoing practices and activities to meet the substance abuse needs of families and children. Where gaps are found in their capacity to respond to family needs, grantees can develop additional approaches which strengthen their general support for families and their specific support for families involved with substance abuse.

For those grantees who have large numbers of families severely affected by abuse of alcohol or drugs, drawing on the resources of the basic Head Start program may not be sufficient. A special initiative which focuses significant program resources on the problem may be necessary. In such cases, grantees may need to look at trade-offs among program priorities, and use program improvement and other funds to add to their resources. However, for most grantees seeking a lasting, program-wide, effective substance abuse strategy, the issue is how to tap into ongoing Head Start program resources to address the needs of families affected by the abuse of substances.

Head Start's Role

Head Start has the potential to play a major role working with families whose lives are affected by the abuse of alcohol and drugs. Grantees have many assets to bring to this effort:

- Communities generally have confidence in Head Start;
- Head Start provides comprehensive services not only to children, but also to adult family members;
- Head Start contains elements which can be refined and applied to the problem of substance abuse; and
- Head Start is accustomed to linking with schools, health and social service agencies in the community.

Head Start can play a role in the area of substance abuse by:

- Offering prevention activities for families and staff;
- Providing substance abuse information and education for family members and staff;
- Developing formal ties with relevant agencies in the community so that substance abuse resources and referrals will be available for families who need them;
- Providing a warm and supportive environment in which staff, adult family members, and children feel comfortable acknowledging and addressing a problem with substance abuse;
- Adapting classroom curricula and resources to meet the special needs of children who demonstrate the harmful effects of exposure to alcohol or drugs, whether prenatally, or from current family situations; and
- Working with other community based programs to reduce the violence and family stress associated with drugs.

In order to develop and implement such a substance abuse strategy, Head Start staff do not have to become experts in all aspects of substance abuse, particularly in the provision of treatment. They do have to understand the basic features of the problem and how to access other special services for families who need them. This is a role very similar to the role Head Start plays in serving children with disabilities. Head Start staff can adapt their current skills and knowledge to address the special circumstances of substance abuse.

Head Start staff cannot "go it alone" in combating substance abuse. There is a basic division of labor between Head Start and other programs or agencies. Head Start grantees should focus on the needs of families for prevention, identification, early intervention, and referrals. The other aspects of substance abuse, particularly treatment, must be the responsibility of other agencies with the appropriate expertise.

The Purpose of the Guide

The purpose of this Guide is to amplify the specific issues concerning substance abuse which Head Start grantees need to address, and to suggest resources and strategies consistent with the Head Start mission to respond to these issues.

The Guide is designed to be a reference manual for local Head Start grantees, to help them determine how all parts of their program can be examined and pulled together to develop grantee-wide, comprehensive strategies to address substance abuse problems experienced by the children and families they serve.

Other community agencies may also find the Guide to be a useful tool when collaborating with Head Start grantees to deliver services and to develop community-based prevention programs.

Head Start Grantees' Questions About Substance Abuse

There are a number of frequently asked questions about the issue of substance abuse. These questions include:

1. What steps should Head Start grantees take to help children, their family members and staff avoid dependence on alcohol and other drugs?
2. What should Head Start staff do if they suspect that a child's family member or another staff member has a problem with substance abuse?
3. How can staff identify children prenatally affected by alcohol and other drugs and help them access the services they need? What services should staff be providing to drug exposed children?
4. How can staff identify children affected by ongoing substance abuse in a family, and help them access the services they need? What special services should be provided by staff?
5. How can staff assist and protect children they suspect are suffering due to a family member's substance abuse? When should child abuse and neglect be reported?
6. What can staff do on a home visit or when a child is being dropped off or picked up when they encounter a parent they suspect is under the influence of alcohol or other drugs?
7. What are appropriate Head Start program strategies, consistent with the Head Start mission, for working with families involved with substance abuse?
8. How can Head Start grantees link effectively with other community resources to enhance and expand what Head Start is able to provide to families needing assistance with substance abuse?
9. What other services and programs are available in communities?

The chapters in this guide provide answers to these and other questions about substance abuse.

II. Staff

This chapter addresses information about the following frequently asked questions mentioned in the Introduction:

- ***What steps should Head Start grantees take to help children, their family members, and staff avoid dependence on alcohol and other drugs?***
- ***What should Head Start staff do if they suspect that a child's family member or a staff member has a problem with substance abuse?***

Staff's Role in Addressing Substance Abuse

A grantee must have policies and operating procedures to support staff in addressing substance abuse issues with children and families. Staff roles and responsibilities should be developed from a grantee-wide framework based on what the grantee seeks to accomplish and how.

The primary role of Head Start staff in addressing substance abuse is to work as a team of component specialists, administrators, teachers and family members to gather information and plan strategies for addressing this issue. Staff need to undertake the following tasks:

- Educating children and families about prevention issues;
- Identifying potential substance abuse problems;
- Referring families to outside resources and serving as resource persons;
- Serving as family case managers; and
- Serving as members of teams comprised of Head Start staff, staff of other community agencies and members of families experiencing problems with substance abuse.

Head Start staff are not expected to be diagnosticians. Nor is it expected that they will be able to treat people who abuse substances. Rather, staff need to be well enough informed to identify potential problems and to know what steps to take to help families who might be involved in substance abuse.

In order to carry out these tasks successfully, staff need to examine their own values and beliefs about substance abuse and how they affect their behavior. This will better enable them to help others with the problem.

All staff members will need training. For example, family workers need to know how to respond to a family member who asks for help with a substance abuse problem. The bus driver who observes unusual parent behavior needs to know how to react and with whom to share the observations. Teachers need to know how to identify and respond to children whose behavior reveals a family problem with substance abuse. Component managers need to know how to work together on addressing the problem.

Staff Training

Training in substance abuse should cover the following major areas:

- Identifying children and families who may be experiencing a problem with substance abuse. This should include instruction in the following:
  - characteristics of children exhibiting behavior which may indicate harmful effects due to prenatal exposure to alcohol or other drugs;
  - characteristics of children currently living with a family member who abuses substances;
  - characteristics of children at risk for later substance abuse;
  - characteristics of families affected by substance abuse problems;
  - information about commonly abused substances, including what they look like, what they may be called, and their effects on the individual; and
  - how to use the child and family needs assessment process to obtain information about possible involvement with abuse of alcohol or other drugs.
- Working with families experiencing a problem with substance abuse. This should include:
  - procedures to follow when staff suspect that a child's behavior may indicate harmful effects due to prenatal exposure to alcohol or other drugs;
  - techniques for working with children exposed to alcohol or other drugs;
  - techniques for working with children and other family members living in a family where alcohol or drugs are being abused;
  - how to work with family members involved with abuse of alcohol or drugs in ways that candidly acknowledge a need for treatment, while respecting family members' innate worth;
  - what to do when a child or family member asks for help related to a substance abuse issue; and
  - procedures to follow in the event of suspected child abuse or neglect.
- Working with other agencies on treatment and prevention issues. This should include:
  - community based resources which provide substance abuse services, including treatment, and
  - people and agencies to contact for help with various specific problems.
- Developing and delivering effective substance abuse prevention messages for children and families.

All areas of training must offer opportunities for examination of staff beliefs and values about substance abuse and the development of healthy and constructive responses to the issue.

Teamwork and Access to Community Organizations

All Head Start staff working directly with children and families will need to use and enhance team building and teamwork skills.

Coordinators and teaching staff will be familiar with teamwork and team building as a result of working with children with special needs and their families.

Team building and teamwork must include access to a network of community organizations that provide services to substance abusing families in areas in which Head Start would normally not be the primary service agency. Chapter V of this Guide (Community Partnerships) explains how to link with community organizations. Substance abuse prevention and treatment efforts should include family members as full participants on the team.

Although teamwork is critical, it is also important to designate one person to be responsible for ensuring that an individual family receives needed services, both within and outside Head Start. Even if another agency is taking the lead in ensuring service is provided, there should be a family case manager within Head Start who has the responsibility for ensuring that each family's needs are being met to the extent possible.

There are existing case management tools which Head Start and network agency staff can use or adapt to meet their specific needs. For example, the Individualized Family Service Plan (IFSP), called for by Public Law 99-457 of the Education of the Handicapped Act Amendments, provides a useful structure for developing, implementing, and tracking family needs, strengths and necessary services. Some Head Start children — those with identified special needs — may already be part of this system as a matter of course. Others will be identified once a grantee has put its substance abuse program into place. They may be served in a similar manner as children with special needs, though not necessarily meeting the eligibility requirements for those special services.

Developing a Head Start Substance Abuse Strategy

The scope of the grantee's substance abuse strategy should be based upon thorough assessment of the characteristics and needs of children and families in each community served. It will vary depending upon funding and staff capabilities. Some programs will be able to undertake broad, pro-active, and comprehensive services, and others may focus on prevention and referral activities. Considerations for developing a strategy may be:

- The extent and nature of the problem the grantee is experiencing;
- The capabilities, needs and resources of the grantee;, and
- The grantee's potential for partnership linkages with resources of other agencies.

For strategies to be successful, program goals must be realistic. For example, agencies might believe that getting a person into treatment is one of their most important activities. However, helping someone to recognize the need for and accept treatment is a difficult challenge. An equally important goal might be to support and strengthen other family members' capacity to protect and nurture the children affected by family substance abuse problems. Such an effort also can lead family members to insist that someone abusing substances seek treatment.

Generic Steps to Plan Strategies

While individual substance abuse prevention and treatment strategies must be specific to a community, there are generic steps which Head Start grantees can take to plan strategies including:

Develop a policy framework:

- Develop a clear program philosophy and policies regarding the use and abuse of alcohol and other legal and illegal drugs. The Parent Policy Council and governing boards, as well as family members and staff should be involved in this process.
- Determine the scope of the substance abuse strategy.
- Develop and implement employee policies and procedures.

Prepare Staff:

- Hold sessions to orient staff to the new policies, stressing the importance of the policies to Head Start's substance abuse prevention and treatment efforts.
- Provide staff training on the subjects of identifying potential problems, constructive confrontation techniques, making referrals, and conducting follow-up.
- Arrange for ongoing staff training by substance abuse and mental health professionals regarding work with families and children affected by substance abuse. Some training will be relevant to all staff, but training should be geared to staff members with roles and responsibilities in the substance abuse area.
- Include substance abuse issues in training and technical assistance plans for every component.

Collaborate with other community based networks:

- Assign a staff member to determine whether a formal community substance abuse prevention and treatment network exists and who to contact for information. If there is a network, a program administrator can then contact a representative to determine if it meets the needs of Head Start families and to discuss possibilities for Head Start participation.
- Work with other organizations to assess the substance abuse prevention and treatment needs of the community.
- Formalize linkages, sharing of services and networks by developing formal interagency agreements. It may be appropriate to appoint committees to draft initial documents.

If necessary, help develop a community based network:

- If a community substance abuse network has not been formed, identify local and State programs with which Head Start should collaborate, as well as a contact person within each agency. One staff member, or a committee, can be given this responsibility. A representative from Head Start can then contact the relevant agencies to explore interest in collaboration.

- Set up preliminary meetings with representatives of organizations that have expressed an interest in participating in a network. Initial meetings can be used to discuss the structure of the network, roles and responsibilities of the various agencies, services organizations can offer to one another, possibilities for joint staffing and funding, and other relevant issues. Someone from each agency should be designated to serve as the network representative(s). A schedule for future meetings should be set and lead agencies designated for each meeting.

Identify and develop resources:

- Develop community resource materials. These should include information on all network agencies, what they do, contact persons, addresses, phone numbers, and their accessibility. Other relevant resources which are not part of the formal linkage should also be included.
- Identify and adapt mental and physical health activities for use with the family support program and in the classroom.
- Identify appropriate curricula for use with families and in the classroom to supplement other substance abuse prevention efforts. When necessary, provide training about how best to present the curricula.
- Communicate with parents about the plan as it is being developed so they will not be surprised as policies are implemented.

Learning from Other Efforts

Head Start agencies do not have to develop substance abuse prevention and treatment programs from scratch. For example, there are a number of programs, (described as resources in succeeding chapters), which have taken the lead in developing substance abuse prevention programs for the families of preschoolers, both in family, parent education and classroom settings. To determine whether another grantee's substance abuse strategy and tools might have features relevant to your program, focus on:

- The program's philosophy and goals;
- The population(s) served by the program;
- The location or type of program (e.g., rural, urban, migrant, Native American);
- The type of program and curriculum implemented;
- The degree of emphasis on specific substances; and
- Duration and achievements of the program.

Creating a Drug-Free Workplace

Head Start grantee's efforts to address the problem of substance abuse must begin "at home." Grantees need to take a firm position regarding the abuse of alcohol and other drugs, coupled with consistent, clearly defined program policies and procedures. Formulating or reaffirming substance abuse guidelines and their underlying rationale offers the Head Start grantee's policy council and governing board an excellent opportunity to make a statement to both staff and families regarding substance abuse, and to create an atmosphere which supports effective prevention activities.

Determining Grantee Policy

Each grant contains requirements regarding the creation and maintenance of a drug-free workplace. These requirements state that a grantee, in addition to developing a formal statement about its drug-free workplace policy, must:

- Fully inform employees about the substance abuse policy and the consequences of policy violation;
- Ensure that employees agree to comply with the drug-free workplace policy as a condition of employment;
- Require that employees notify the agency of any workplace related drug statute conviction. (An employer must take appropriate personnel action in such instances, or require that the employee participate in a treatment program); and
- Establish a substance abuse education and referral program.

These requirements are a cornerstone for a grantee's substance abuse requirements for staff. For example, grantees may want to include statements to the effect that documented use of illegal substances on or off the job is grounds for immediate dismissal and that impaired performance will not be tolerated for any reason.

Grantees will also need to determine the implications of their substance abuse philosophy. The policy regarding hiring of new staff is an area which will be affected. Policies and procedures which programs have developed regarding past criminal convictions, particularly related to child physical and sexual abuse, may be useful when considering past convictions for substance abuse.

Making Policies Known to Staff

A primary responsibility of Head Start personnel management should be to ensure that all staff are thoroughly familiar with:

- The grantee's policies regarding substance abuse both on and off the job;
- The consequences of violating grantee substance abuse policy;
- Assistance available through the grantee and elsewhere in the community; and
- How to access available services.

Acquaintance with the policy regarding substance abuse should begin before a person is hired. Interviews with potential employees should specifically address the grantee's position on substance abuse. This position should then be restated in orientation sessions for new staff.

Review Grantee's Employee Benefits

An important step in creating a drug-free workplace is for Head Start grantees to review their employee benefits package, including health insurance and leave policies, paying particular attention to how they affect the agency's capacity to assist employees with a substance abuse related problem. Some issues to consider include:

- Does the program's health insurance policy pay for alcohol and other drug abuse treatment? If so, what kind of treatment? For how long?
- Does health insurance cover substance abuse treatment for an employee's dependent(s)?

- Does health insurance cover mental health services? Is the coverage adequate?
- Does health insurance cover child screening, assessment and diagnostic services? Under what circumstances?
- Is paid or unpaid leave or a combination provided in the event that a staff member needs inpatient treatment for substance abuse? Are staff assured their own or an equivalent job upon release from treatment?
- Are staff allowed reasonable paid or unpaid time off from work to attend counseling or other types of treatment sessions, for example, Alcoholics Anonymous meetings.

Where a grantee has employee needs which are not or cannot be addressed in its benefits package, the grantee may want to consider development of an Employee Assistance Program which addresses assistance for substance abuse problems.

The principal objective for assisting staff experiencing a problem with substance abuse should be to create a work environment in which employees can feel comfortable acknowledging their difficulties and taking corrective action. Staff should be encouraged to take steps to use available services without waiting to be approached by a supervisor who suspects a problem.

Identifying Employees with a Substance Abuse Problem

Most people do not refer themselves to employee assistance programs. It is reasonable for supervisory staff to insist that an employee seek help when help is obviously needed. Supervisors need to be trained to identify the signs and symptoms of substance abuse so that they can confront someone with poor job performance, insist on corrective action, and counsel and refer the employee — not so they can attempt to make precise diagnoses.

Signs and symptoms of alcohol or other drug abuse may include combinations of the following behaviors:

- Decreasing productivity and quality of work;
- Excessive unexplained, or suspect absences, particularly on Mondays or Fridays – excessive absences may also occur when an employee is not a substance abuser, but is living with someone who is;
- Isolation from other staff;
- Chronically bloodshot or watery eyes;
- A chronically running nose;
- Chronic drowsiness;
- Long lunch hours, followed by decreased productivity;
- Frequent medical or dental appointments;
- Unpredictable mood swings; and
- Frequent accidents.

Grantees may want to train select supervisory staff to "constructively confront" in those instances when substance abuse is adversely affecting job performance or when illegal drug use is suspected and an employee is not seeking help.

Supervisors who refer employees for counseling or other treatment services do not need to know details about their staff members' problems. Actual screenings should be confidential and conducted by other community resources. Nevertheless, it is appropriate for Head Start management to require proof that staff members with serious substance abuse problems are involved in treatment as a condition of continued employment.

One way to ease the burden of identification for supervisory staff is to ensure that each employee is given a clear job description which defines duties, so that inadequate, as well as acceptable, performance is easy to spot and document. When staff are well informed about job expectations, it is easier for supervisors to address specific problem areas. More importantly, staff know where they stand.

Employee Assistance Programs (EAPs)

Employee assistance programs (EAPs) take many forms and vary considerably in the extent of services provided. These programs are designed to assist employees who are experiencing problems which affect their work performance. These problems may include alcoholism, addiction to other drugs, emotional problems, mental illness, child abuse or family violence, coping with a family crisis, and marital problems.

Some programs also provide assistance to employees' families.

EAPs might include the following kinds of services:

- Mental health consultations and short term mental health services;
- Referrals to counseling or treatment services;
- Follow-up to referrals;
- Education programs for employees about alcohol and other drugs, about developing and maintaining good physical and emotional health; and
- Training for supervisory staff in problem identification and referrals.

The most comprehensive programs are generally found in major corporations with hundreds or even thousands of employees. Smaller organizations often feel limited in their ability to establish EAPs. But even making one or two services available to staff is valuable both for employees and for management. Benefits to the organization and to staff can include:

- Early identification and treatment of employees' problems;
- Higher staff morale — EAPs let staff know that they are valued by their employers;
- Consistent employee performance levels;
- Reduced absenteeism;
- Decreased use of workman's compensation and health insurance; and
- Lower turnover.

At the very least, agencies should be able to provide employees with confidential referrals to community agencies. Each EAP should be geared to meeting the needs of a particular organization and its population(s) of employees.

Cost and Other Issues to Consider

Head Start must be sensitive to the costs involved in offering an employee assistance program, including who will pay for services. If health insurance does not cover substance abuse treatment services, there are alternative ways to provide services, including establishing formal contractual relationships with an organization to conduct assessments and with another agency to provide treatment. A grantee might, for example, contract with mental health providers to whom employees can go for a limited number of visits without charge to the employee. In the event that the employees need more extensive services, they would be referred to unsubsidized outside resources.

Additional considerations in developing EAPs include:

- Whether to include family members in the coverage. If so, family members as well as staff need to be informed about how to access services;
- Who on staff is eligible for services and under what circumstances; and
- How to maintain confidentiality.

EAP providers can be national, regional, or local in scope. A local hospital or substance abuse treatment program may provide EAP services. A national EAP organization might tailor its services to meet grantee's local needs. Small or dispersed organizations and businesses can join with similar agencies to establish an EAP in order to provide more comprehensive but less costly programs for their employees.

II. Staff

RESOURCES

A. Employee Assistance Organizations

There are a number of professional EAP organizations which offer technical assistance, publications and other services. These organizations include:

EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION

National Office and Resource Center
4601 North Fairfax Drive
Suite 1001
Arlington, Virginia 22203
(703) 522-6272

A membership association which promotes the development of EAPs, provides professional recognition and certification for EAP staff, maintains EAP program standards, administers a code of ethics, promotes improved methods for evaluating the efficiency and cost effectiveness of EAPs, develops training programs for supervisors and union representatives and develops methods for recordkeeping and collecting uniform data and statistics for research purposes. A publication catalogue and membership information are available.

EMPLOYEE ASSOCIATION OF NORTH AMERICA

2728 Phillips
Berkeley, Michigan 48072
(313) 545-3888

An individual membership association with members in the United States, Canada and Mexico. Serves as a clearinghouse of information on EAPs, provides certification, and can refer programs to members in their States or communities (a membership directory is available to members). Information about membership, publications, and services is available.

OCCUPATIONAL PROGRAM CONSULTANTS ASSOCIATION

P.O. Box 06205
Columbus, Ohio
(614) 464-0191

An individual and organizational membership association of consultants who initiate and guide the planning for implementation of EAPs. Objectives include promoting the development, implementation, management and evaluation of formal EAPs in any work setting; providing early identification, assessment, referral and follow-up of troubled employees; encouraging the study of alcohol, drug, mental and emotional problems of employed persons; and promoting a clear understanding of the purposes and results of EAPs.

B. Head Start EAPs

EAST COAST MIGRANT HEAD START PROJECT

1056-B East Michigan Street
Orlando, Florida 32806
Contact: Marty Hillary, Human Development Specialist
(407) 649-9823

The East Coast Migrant Head Start Project has contracted with a national EAP provider for EAP services for its employees. Staff and family members (defined as anyone living in the household) receive access to a 24-hour toll free counseling service and, where necessary, to local mental health services for immediate, short term intervention (8 visits). Confidentiality is strictly maintained.

This grantee worked with the EAP provider to ensure that the special needs and characteristics of staff were met as fully as possible. The EAP provider addressed the need for East Coast staff and their families to have access to bilingual/bicultural counselors. In addition, many East Coast staff are themselves migrant farmworkers. Under the EAP contract, these individuals remain covered for telephone counseling and crisis intervention for the entire year, including when they leave the area to travel upstream to work.

The cost of this program is approximately $25 per employee per year. Grantees or delegate agencies of any size are eligible for services.

THE OGLALA SIOUX TRIBE HEAD START PROGRAM

The Oglala Sioux Tribe Start program contracts with a nationally known provider. The cost to Oglala Sioux is minimal and services are provided to 82 employees and their families.

Services provided to employees and their families through the EAP program include: initial assessment; referral and/or counseling for personal problems including, but not limited to, chemical dependency, mental health problems, marital problems, family problems and financial or legal problems; mailings to employees four times a year to acquaint them in the use of the EAP; orientation sessions for employees, and supervisors; employee training on a variety of topics, and maintenance of affiliate providers. In addition, the EAP will provide sample letters to send to employees, policy statements and utilization reports.

Oglala Sioux Tribe Head Start has an Employee Assistance Program Coordinator who acts as a liaison with the EAP to give exposure to and promote the utilization of the EAP by employees and their families.

Contact person

Roger Iron Cloud, Director
Early Childhood Component-Oglala Sioux Tribe
Head Start Program and Parent Child Centers
#1 Pre-School Road, P.O. Box 279
Porcupine, SD 37772 (605) 867-5170

THE SOUTH CENTRAL CHILD DEVELOPMENT HEAD START PROGRAM

The South Central Child Development Head Start program contracts with local Employee Assistance provider based in Sioux Falls, South Dakota. Costs are minimal and services are provided to approximately 35 Head Start employees and their families.

Services provided include: training of key management and supervisory personnel on the benefits and utilization of the EAP; orientation of employees regarding the EAP, including Drug-Free Work Place awareness; employee and family assessment, consultation and referral; provision of all program materials and periodic newsletters, and administration of the EAP, including utilization reports and maintenance of all records.

The South Central Child Development, Inc. Head Start EAP has been in existence since 1986 and has been actively utilized by employees and their families.

Contact person

Richard Thaler, Executive Director
South Central Child Development, Inc.
Head Start Program
P.O. Box 1020
Wagner, SD 57380-1000
(605) 384-3683

C. EAP Guidance

Guidelines for the Development and Assessment of a Comprehensive Employee Assistance Program, Office of Workplace Initiatives, National Institute on Drug Abuse, Alcohol, Drug Abuse, and Mental Health Administration, U.S. Department of Health and Human Services, 1989. Call 1-800-843-4971 (Weekdays, 9:00 a.m. - 8:00 p.m. EST).

D. Staff Training

Staff training can be arranged and conducted in a number of ways. Grantees can contact Head Start Resource Centers, RAPs, the Public Health Service, State RADAR or NASADAD representatives (see Appendix B, Resources) and local substance abuse prevention and treatment agencies for training contacts. Staff should be encouraged to attend State and local training conferences and Head Start conferences which address the issue of substance abuse. A number of curricula described in Chapter III, Children, and Chapter IV, Families, include training.

III. Children

This chapter addresses information about the following questions mentioned in the Introduction:

- ***How can staff identify children prenatally affected by alcohol and other drugs and help them access the services they need? What services should staff be providing to drug exposed children?***
- ***How can staff identify children affected by ongoing substance abuse in a family, and help them access the services they need? What special services should be provided by staff?***
- ***How can staff assist and protect children they suspect are suffering due to a family member's substance abuse? When should child abuse and neglect be reported?***

Head Start's Role

Head Start focuses on young children at their current level of development. However, child development is a dynamic process. The developmental capacities of children entering Head Start are the result of their biological, cognitive and emotional conditions, as well as their environment before and after birth. Understanding what has gone before, as well as what is currently happening, helps caregivers to work effectively with children and to determine whether:

- Children are safe in their environments;
- Families need referrals for treatment or other services; or
- Professional screening and assessment are necessary.

Head Start programs need to develop strategies for working with many groups of children, including:

- Children currently living in substance abusing families;
- The growing number of children who exhibit the effects of prenatal exposure to harmful substances;
- Children at risk for substance abuse later in their lives; and
- Children who live in neighborhoods where there is daily exposure to the drug culture.

Head Start staff are also in an excellent position to help children and their families learn to live alcohol and drug-free lives.

The Prenatal Period

Parental substance abuse can affect children even before birth. Prenatal use of harmful substances is becoming increasingly widespread, with serious physical, cognitive and emotional effects on children. Infants of persons who abuse substances, especially those who use crack cocaine, may be abandoned at birth or raised in unsuitable environments. The combination of a non-nurturing environment, and the effects of prenatal exposure to harmful substances can be very damaging to the future development of a young child.

It is important to stress that "prenatal exposure" is a condition, not a diagnosis. The harmful effects of prenatal exposure to alcohol or other drugs may unfold in stages as a child matures. "Prenatal exposure" may result in disabilities or chronic medical conditions. However, these problems do not always occur.

Head Start should focus on a child's current behavior and a family's current involvement with substance abuse, rather than attempting to identify whether children have been prenatally affected by harmful substances. It is imperative, however, that staff be aware of the need for prenatal care. Knowledge about the potential developmental harm caused by prenatal alcohol and other drug use will enable staff to work more effectively with all children in their programs.

Prenatal Care

Adequate ongoing prenatal care, beginning early in the first trimester, is an important ingredient for a healthy pregnancy. Such care enables physicians or other prenatal caregivers to do the following:

- Identify maternal or family behavior potentially harmful to a developing fetus;
- Encourage health during pregnancy to avoid damage to a fetus;
- Promptly identify and treat maternal or fetal problems. Indicators of such problems may be subtle and difficult to pinpoint if a mother seldom visits a doctor or if she receives medical help very late in her pregnancy.

Head Start staff can alert women to the following information about prenatal care:

- Prenatal care plays an important role in ensuring the optimal development of an unborn child.
- Prenatal care gives women the opportunity to learn how to provide an environment for the unborn child which supports normal development, as well as how to maintain their own physical and emotional well-being during pregnancy.
- No two pregnancies are alike. Even a woman who has had a child and may know a great deal about pregnancy and childbirth should receive prenatal care, since there may be new information to learn.
- Prenatal care is important for women who lead active healthy lives, as well as for women who may need to alter their lifestyles to nurture their unborn children.

Although early ongoing prenatal care is the ideal, women need to know that care beginning at any point in a pregnancy is always preferable to no care at all.

Fetal Damage from Substance Abuse

Normal fetal development may be interrupted during the pregnancies of women using harmful substances. The earlier, more prolonged and heavier a woman's use of such substance(s), the more likely is damage to her fetus. The impact can vary in its severity from minimal effects to extreme physical, cognitive or developmental damage. A stable and nurturing postnatal environment is vital to these children and may alleviate some of the harmful effects.

Current research has not established any proven relationships between fetal damage and substance(s) abused, or duration, time, and frequency of abuse. Different substances may affect different developmental patterns or may affect the fetus at different points during its development. However, some associations have been made between certain substances and possible effects on the fetus. Alcohol use or abuse during pregnancy has been associated with premature birth, low birth weight, and Fetal Alcohol Syndrome (FAS), which can include physical anomalies and risk of physical and mental delays, or Fetal Alcohol Effects (FAE), a less severe form of FAS.

It is important to note that FAS is the only form of mental retardation which is 100% preventable, by cessation of alcohol during pregnancy.

Cocaine, and its derivative crack cocaine, increase the chances of: spontaneous abortion (miscarriage); dislodging of the placenta ("abruptio placentae" — placenta pulls away from the walls of the uterus, causing heavy bleeding and risk to mother and child); low birth weight; premature birth; stillbirth; physical and mental anomalies, including urinary tract and other internal organ deformities; facial abnormalities; and in utero strokes, due to vascular constriction.

There is widespread agreement that pregnant women should abstain from using harmful substances during their pregnancies. Stopping substance abuse at any point during a pregnancy is preferable to continuing to expose a fetus to harmful substances. Women need to know that there is no point beyond which it is "useless" or "too late" to give up use of alcohol or drugs. They and their unborn children are always better off when exposure is stopped. Medical care is advisable in all cases when the mother has been abusing alcohol or other drugs.

A substance abusing woman may be motivated to avoid substance abuse during her pregnancy, once she fully understands the consequences, especially if her abuse of alcohol or drugs can still be controlled. Pregnancy can be an opportune time to assist a woman who has a substance abuse problem, because she should be considering the health of her unborn child, as well as her own. The period immediately following the birth of a child may be opportune as well.

On the other hand, pregnancy can be a period when women begin or increase the use of harmful substances. It can be a time of physical and emotional stress, which some try to alleviate by using alcohol or other drugs. In addition, women who do not know they are pregnant may mistake the signs and symptoms of early pregnancy for withdrawal and increase their use of a harmful substance(s) to offset the symptoms.

Referral of Pregnant Women for Alcohol or Drug Treatment

It is extremely difficult for addicted women to stop using harmful substances. Without supportive and accessible treatment programs, it may be impossible. Pregnant addicted women need more than routine prenatal care. In developing referrals for pregnant women, Head Start grantees should take these special treatment needs into account. Special needs include referrals to programs which:

- Teach pregnant women about the effects of alcohol and other drugs on their unborn children and on themselves;
- Assist them to abstain from using harmful substances (or, in appropriate instances, to switch to a potentially less harmful substance — for example, from heroin to methadone);
- Help them to build self-esteem;
- Teach parenting skills;
- Provide quality care for children while their mothers are in treatment; and
- Provide treatment or referrals for the family.

Unfortunately, treatment programs which accept pregnant women are often not available, although health delivery systems are beginning to give priority to filling this critical services gap. Reasons for this lack of resources include care providers' liability concerns, as well as the fact that substance abuse receives little coverage in the nation's medical schools and other health training programs. Treatment programs that do accept pregnant addicted woman often do not allow women to be in treatment settings with their children and make no provisions for child care. This can be a problem for addicted mothers, as well.

It is important that Head Start referrals include physicians and other prenatal care providers with specific expertise in substance abuse. It is also important to establish formal collaborative relationships with these resources (See Chapter V, Community Partnerships.) Head Start grantees should consider linking with local inpatient or outpatient substance abuse treatment programs in the community to obtain comprehensive services. Some community programs will furnish child care to pregnant addicted women and non-pregnant mothers of young children who have substance abuse problems.

Ideally, prevention efforts successfully avert substance abuse before a woman becomes pregnant. However, Head Start staff should be prepared with resources and referrals for pregnant women who need substance abuse treatment or related services for themselves and their families. Resources and referrals need to be appropriate to the population(s) served by the program.

The Postnatal Environment

A healthy, nurturing postnatal environment is extremely important to the optimal development of children exhibiting the effects of prenatal exposure to harmful substances. Children prenatally affected by substance abuse who are raised in stable, nurturing environments have been found to achieve developmental milestones sooner and more effectively than those whose prenatal experience is compounded by stressful non-nurturing postnatal surroundings following birth.

Unfortunately, the environment of alcohol or drug exposed children is often chaotic and unpredictable and may lead to neglect or abuse. Children in these situations, for whom security and stability are so vital, may live with substance abusing parents, with a series of relatives, or in a number of foster care arrangements. It is not unusual for children to pass through all of those living situations during their early years. Also, these children may have developmental delays or disabilities. Families have differing reactions to raising a child with these problems.

Children whose families abuse alcohol or other drugs can suffer, regardless of their exposure before birth. Family environments may be unstable, unpredictable, or violent. Rather than being cared for and nurtured, these children may be forced to care for themselves or to rely on the care of other young children. The inability of a family to care for children may also affect children's vulnerability to substance abuse in later years.

Families with special needs due to multiple stresses have certain characteristics which can affect their ability to nurture and protect their children. Staff should be aware that these characteristics may be present where substances are being abused:

- Adults are often lonely, unhappy or frustrated;
- Adults and children have low self esteem;
- Communication between adults and children is poor, with much blaming and criticism and little praise or warmth;
- Discipline is inconsistent, excessively harsh and unrelated to problem behavior, or, conversely, parents are excessively permissive;
- Household rules are not well-defined and the household is generally disorganized and poorly managed;
- Parents are excessively controlling, with unrealistic expectations for their children; parents are disinterested and unavailable; or parents demonstrate little or no pride in children's accomplishments;
- Family members have little respect for or commitment to widely held societal values (such as honesty);
- There is a history of substance abuse in the family;
- Parents are tolerant of drug use in others; and
- Family members neglect their children or physically, emotionally or sexually abuse them.

Identifying Affected and At-Risk Children

Indicators of exposure to substance abuse in preschool children (whether prenatally or through living in a family where substances are abused) are varied and appear to differ according to the adequacy of children's environments. Frequently, children present symptoms similar to those exposed to other stressful family environments. It is always important to avoid:

- Isolating children affected by harmful substances (while at the same time recognizing that these children may have a continuum of special needs),
- Referring to children as "drug babies" or "crack babies", and
- Labeling suspect behaviors as evidence of prenatal drug exposure.

Rather, Head Start staff should use their knowledge about all aspects of substance abuse in order to serve all the children in their programs. As with other questionable symptoms, Head Start staff should insure that a child has the benefit of screening, assessment, professional diagnosis and treatment. Cultural factors which may influence behavior should also be taken into account.

Possible Characteristics of Children Who Have Been Exposed to Alcohol or Other Drugs

Children prenatally affected by alcohol or other drugs may exhibit some combination of the following characteristics:

- Hyperactivity;
- Abnormally short attention span;
- Unable to tolerate stressful situations which may not be stressful to most children;
- Extreme difficulty handling changes in routine;
- Regressive behavior, tantrums, screaming and aggression;
- Resentful, easily embarrassed, angry, fearful, insecure and depressed;
- Inconsistency in ability to solve problems;
- Difficulty processing and appropriately responding to verbal direction or comments on behavior (including praise);
- Overly dependent on others to carry out routine tasks;
- Cling to adults but do not appropriately turn to adults for comfort, play, assistance and conflict resolution;
- Attach indiscriminately to strangers;
- Avoid new challenges, rarely initiate activities, and have difficulty making choices;
- Difficulty organizing own play;
- Delayed imitation, language, and representational play;
- Lack empathy and exhibit inappropriate social behavior;
- Difficulty reading social cues and making friends;
- Developmental disabilities, which may include mental retardation, seizure disorders, cerebral palsy;
- Physical anomalies such as closely set eyes and low set ears; and
- Fetal Alcohol Syndrome (FAS).

In addition to demonstrating low self esteem and behavior problems, children with family members who abuse substances may be:

- Distrustful;
- Unusually secretive about family matters;
- Noticeably uncomfortable during discussions of substance abuse or overly fascinated by the subject; and
- Acting out and demonstrating, in their dramatic play, what they know about substance abuse. For example, they may pretend to shoot heroin, smoke crack, or get drunk.

Often children in these families feel isolated and helpless. They may believe that they are responsible for the troubles in their families, and that they should be able to remedy those problems. Children need to know that they can neither cause nor cure the substance abuse problems of other family members. They need to know that there are ways in which caring adults can assist them. Head Start staff will need to devote extra time and effort to helping children in families with members who abuse substances do the following:

- Enhance their self esteem, confidence and feelings of worth;
- Develop assertiveness and coping skills; and
- Deal with both positive and negative emotions.

Head Start staff should make concerted efforts to build caring and trusting relationships with these children. They seldom know adults they can trust and in whom they can safely confide. Children from families with a member who abuses substances generally learn that adults are, at best, unpredictable and, at worst, violent and neglectful. They are often taught that individuals outside the family are not to be trusted, and that family matters must be kept absolutely confidential.

This does not mean that parents do not love or care about their children and the children need to understand this. Abuse of alcohol or drugs may undermine parents' abilities to care for their children in the way that they would like. While some parents may abuse alcohol and other drugs and still care adequately for their children, this is seldom the case for parents seriously involved with substance abuse.

Staff Effectiveness

Staff working with children, especially children with special behavioral or developmental needs, should have the following qualities:

- Knowledge about and understanding of the special problems;
- Nonjudgemental attitudes;
- A great deal of patience;
- Willingness to remain in the position for a period of time to provide children with caregiver continuity; and
- Commitment to working with children with special needs.

Effective techniques for working with children with behavioral or developmental problems include:

- Individual attention and a low child/staff ratio;
- Ample warning before changing activities and making any change in an activity;
- Flexible room arrangements which allow for easily increased or decreased stimulation; and
- Parent involvement and education.

Some Head Start staff already use these recommended techniques in efforts for children with special needs. Some grantees may need to conduct additional staff training and commit resources to hiring more qualified staff. Some parents or guardians will need to learn proper techniques for working with children with behavioral or developmental problems. Staff can help families to learn these techniques.

Some children will find themselves in threatening situations. Ideally, these children develop a relationship with a staff member with whom they feel comfortable talking about their situation or experiences at home. When this occurs, Head Start staff need to remember that children have taken an enormous step involving real or perceived risk. They need to be reassured at the first opportunity.

Once a child has been assured that she or he has acted appropriately by talking to a caring adult, Head Start staff need to determine if the child is in any danger. If there is evidence of child abuse or neglect, the staff person should follow the Head Start grantees' procedures for reporting it. If there are other needs or concerns, staff should find ways to respond. Offering appropriate assistance to children will prove that there are adults who care about their safety and that they are worthy of being helped. It is important that this be conveyed to children as clearly and convincingly as possible to minimize the feeling that children often get in such situations — that they have done something wrong by confiding in staff and that they or their families are being punished as a result.

In general, information which children provide to Head Start staff should not be passed on directly to their families. If confidences are kept, children will learn that there are adults who can be trusted and who respect their confidence.

Choosing An Approach to Substance Abuse Prevention

Staff should carefully analyze the adequacy of child and family screening and assessment procedures; review social services and mental health activities in these areas; and involve the support of all components for especially vulnerable families who may be experiencing many problems.

There are a variety of approaches to substance abuse prevention at the preschool level. The most important one is to focus on promoting a healthy, active lifestyle, emphasizing mental and emotional health. In some situations, these efforts can be combined with prevention messages which convey specific information about use and abuse of legal and illegal substances.

Head Start staff will have to determine the extent to which they want to teach children in their programs specific information about alcohol and drugs. Each Head Start agency should do what most comfortably fits its own situation, focusing on a thorough needs assessment of children and families in the program and the community. Grantees need to determine, for example, the extent of the alcohol or other drug abuse problems among families in the program and the community, the local conditions in which families are living and the stresses which they face. What is the health status of Head Start children and families? What kinds of behaviors are teachers and component staff reporting which may relate to substance abuse? Agencies need answers to these questions to plan an approach which addresses the needs of children and families appropriately.

In a community or neighborhood where drugs are openly sold, for example, children may need realistic information about the abuse of alcohol and other drugs. The staff should be aware that some, perhaps most, children in such an environment may be exposed to drugs in their everyday lives. On the other hand, an agency in which children do not directly experience exposure to drug cultures may want to minimize specific prevention messages.

Regardless of the approach chosen, any information provided to children should be tailored to their developmental levels and individual circumstances. Substance abuse resource people in the community are in a good position to advise Head Start, since they are familiar with the prevalence and most common types of substance abuse in the locality. It is also important to work with family members to develop specific messages about prevention of alcohol or drug abuse for children to ensure that the program is consistent with the target population's culture and values.

It is important to teach good principles of child development and promote a healthy lifestyle. Developing drug and alcohol prevention messages should be handled by trained staff and resource specialists. Regardless of the approach, the goal should be to educate and persuade. Frightening children is not an effective method of prevention and is likely to work against the desired goals.

Adapting Existing Curricula

There are a number of existing substance abuse prevention and treatment curricula for children and parents which may be useful to Head Start. (See Resource section in this chapter). However, a curriculum is only one piece of a general substance abuse strategy. A comprehensive strategy should focus on how the grantee can work with the family, including the child, rather than solely with the child in the classroom.

In choosing a curriculum, grantees should consider the needs of Head Start children and families. Some grantees may want to emphasize specific substances; others will want to take a more general approach. Some grantees may wish to focus on special populations. An agency must be satisfied that a curriculum:

- Is in tune with its substance abuse philosophy;
- Is developmentally appropriate, and was prepared specifically for the proper age group and has a family focus;
- Reflects state of the art knowledge;
- Is culturally appropriate;
- Incorporates parent learning and involvement as an integral part of the curriculum; and
- Meets the grantee's program needs and quality criteria.

The curriculum must conform to Head Start performance standards. The community needs assessment can be used to help choose the appropriate curriculum with input from families and staff about their perception of what fits their values and needs. A good curriculum should combine exemplary practices in early childhood education, health services (including mental health), and parent involvement. A grantee may wish to adopt two or more curricula to create one that suits its needs. Agencies will need to train staff to use a curriculum appropriately and effectively.

Infants and Toddlers

Although Head Start services focus on children aged 3-5, many children in a program will have younger siblings. In addition, some Head Start programs specifically focus on infants and toddlers, particularly the Parent Child Centers (PCCs) and migrant Head Start programs. Hence, Head Start's strategy needs to take into account the substance abuse prevention and treatment needs of families with very young children.

Infants and toddlers may be at risk in one or both of two ways:

- They may have been harmed by prenatal exposure to toxic substances. In such instances, staff need to determine how the damage is currently manifested, as opposed to attempting to determine the cause.
- They may currently live in families involved with substance abuse. The infant may be ingesting toxic substances, for example, from breast milk or through secondary exposure to drug residue or fumes. In these cases, staff should determine the safety of the infant and attempt to intervene to redirect the behavior of adult family members.

It is important to emphasize that whether the risk is prenatal, current, or both, the focus of Head Start staff must be on the current behavior and characteristics of children and families.

Indicators of Prenatal Exposure Among Infants and Toddlers

Early indicators of prenatal exposure to toxic substances may include:

- Low birth weight;
- Prematurity;
- Physical malformations, such as heart, lung and digestive system abnormalities;
- Neurological malformations;
- Strokes and seizures;
- Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE);
- Neonatal Abstinence Syndrome (NAS), a type of drug withdrawal;
- Increased risk for Sudden Infant Death Syndrome (SIDS);
- Hyperirritability for up to 6 to 8 weeks;
- Hypersensitivity to touch, movement or eye contact for up to 2 to 4 months;
- Difficulty being comforted;
- Tremulousness and rigidity;
- Abnormally acute hearing;
- Uncoordinated motor functioning, especially sucking and swallowing;
- Difficulty fixating on objects and controlling alertness;
- Poor feeding and sleeping patterns;
- Decreased interaction with caregiver; and
- Decreased use of caregivers for comfort, play, and assistance.

Caregivers of infants who exhibit effects due to prenatal exposure to harmful substances should coordinate very closely with health care providers.

Responding to Infant Care Needs

Techniques for early infant care might include:

- Swaddling them closely and tightly in a blanket;
- Using a pacifier;
- Frequent feedings;
- Handling them gently;
- Avoiding overstimulation of the infants' nervous systems;
- Talking to the infants without moving them, and using language to help them organize their experiences;
- Looking for subtle signals from infants and being aware of appropriate ways to respond; and
- Developing predictable rituals of care and other forms of interaction.

Some children also need the assistance of special medical devices and protocols, including apnea monitors, respirators, frequent surgery, and medication.

Environment has been determined to be extremely important to the optimal development of children. The environment in a family with a member who abuses substances is generally chaotic and unpredictable. Bonding can be complicated when a mother is addicted, especially when a child is very irritable and sensitive. Addiction makes it difficult or impossible for parents to provide adequate care for an infant or toddler without problems. It is even more problematic for them to care for a child with a disability or other special needs. Depending upon the severity of their special needs, affected infants may require fairly constant attention from caregivers. An addicted parent, who is probably neglecting her own health and well-being, may be unable to provide the special care and attention needed by the drug affected child.

Young children of substance abusing parents are at increased risk for abuse and neglect. Not surprisingly, this risk is even higher for infants with special needs, especially if they are difficult or frustrating to care for. Cocaine can induce some people to unpredictable, dangerous and violent behavior. Head Start staff need to be alert to this potential danger. Substance abusing parents of drug-affected infants may also suffer from feelings of guilt, depression, thoughts of suicide and paranoia.

Linkages with respite care providers can be important for Head Start agencies serving substance abusing or recovering parents with young children and for caregivers of children who are prenatally exposed. Caregivers, including foster parents and grandparents or other relatives, may also be overwhelmed by the difficulties of caring for newborns.

When young children are living with parents with substance abuse problems, Head Start staff have an opportunity to help ease the effects of the family environment. By providing the stability, warmth and nurturing that the children may not receive at home, Head Start staff can make a difference. They can equip children with inner strength and offer a support system of caring adults to help them cope with their home environment. Head Start can also act as a resource and referral, education and training source.

Children with Disabilities

Complications may arise in families experiencing a problem with substance abuse who also have children with disabilities. Children with disabilities are more vulnerable to physical and sexual abuse than other children. Thus, disabled children whose parents abuse alcohol or drugs are in double jeopardy. Incidents of child abuse and neglect associated with substance abuse have increased dramatically in recent years. The stress of caring for a child with a disability coupled with abuse of alcohol or other drugs can create an explosive situation.

In addition, children with disabilities often need special care and complex treatment. A substance abusing family member may not be able to provide this treatment. Medical complications and general neglect can be the result. A parent whose substance abuse has led directly to a child's disability may suffer from feelings of guilt. This can make a nurturing relationship difficult to establish and maintain.

Efforts on behalf of these children may need to be intense. Fortunately, Head Start has nearly two decades of experience working with children with disabilities and collaborating with other community agencies to respond to the special needs of this population. In addition:

- Special legislation concerning children with disabilities, particularly requirements for screening and assessment, increases the likelihood that a family member's history of substance abuse will come to light and treatment services will be provided.
- P.L. 99-457, Education of the Handicapped Act Amendments, has resulted in increased screening, assessment, diagnostic and treatment services and family case management. Such services are now widely available to infants, toddlers and preschool children.

Agencies will need to collaborate both with organizations and agencies providing services to children with disabilities and their families, and organizations and agencies which address the problem of child abuse and neglect. It is also important to offer extensive and ongoing parent support and training.

III. Children

A. Organizations

RESOURCES

There are a number of professional organizations and Federal agencies with at least a partial mission to address the needs of young children and those who serve this population. Organizations include:

American Academy of Pediatrics
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, Illinois 60009-0927
(312) 981-7633

Association for the Care of Children's Health
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202) 244-1801

Bureau of Maternal, Child and Infant Health
Public Health Service
Room 931
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6600

The Center for Improvement of Child Caring
11331 Ventura Boulevard, Suite 103
Studio City, California 91604
(818) 980-0903

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091
(703) 620-1054

Indian Health Service
Parklawn Building
Room 5-A-55
5600 Fishers Lane
Rockville, MD 20857
(301) 443-1083

National Asian Pacific American Families Against Substance Abuse, Inc.
420 East Third Street
Suite 909
Los Angeles, California 90013
(213) 617-8277

National Association for Perinatal Addiction Research and Education
11 East Hubbard Street
Suite 200
Chicago, Illinois 60611
(312) 329-2512

National Association for the Education of Young Children
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009
(202) 232-8777

National Association of Hispanic Health and Human Services Organizations (COSSMHO)
1030 15th Street, N.W., Suite 1053
Washington, D.C. 20005
(202) 371-2100

National Black Child Development Institute
1463 Rhode Island Avenue, N.W.
Washington, D.C. 20005
(202) 387-1281

National Center for Clinical Infant Programs
1000 14th Street, Suite 380
Arlington, Virginia 22201
(703) 528-4300

National Head Start Association
1220 King Street, Suite 200
Alexandria, Virginia 22314
(703) 739-0875

National Information Center for Children and Youth With Handicaps
Post Office Box 1492
Washington, D.C. 20013
(703) 893-6061 (local/voice)
800-999-5599 (toll free)
(703) 893-8614 (TDD only)

B. Curricula and Model Programs

BEGINNING ALCOHOL/ ADDICTIONS BASIC EDUCATION STUDIES (BABES)

Trains adults to teach children about the dangers of alcohol/drug use. Certification is required before an individual can teach the BABES program. Presenters cannot deviate from the stories or change the characters in any way, although words can be changed in order to make them age appropriate. Training package includes a teaching guide, coloring story books, and related activities and puppets. Presenters use puppets to tell the coloring book stories. The stories help children understand themselves and their feelings, develop positive decision-making skills and learn to ask for help. The program is widely used by Head Start and other programs.

Training for each person is $255, and the kit is $320.

For more information, contact:

BABESWORLD HOME
17330 Northland Park Court
Southfield, Michigan 48075-4303
1-800-542-2237

CHILDREN OF ALCOHOLICS PROJECT

Head Start/ECEAP
Institute for Extended Learning
E7401 Mission Avenue
MS 1050 Spokane, Washington 99212-1148

Contact Person

Leona DeMonnin
(509) 536-8044

Funding Agency

Head Start Bureau
Administration for Children, Youth and Families
U.S. Department of Health and Human Services

Curriculum Description

The curriculum addresses the needs of identified children living in alcoholic families. Since it is not always possible to get an alcoholic into treatment, the curriculum assists children to cope with their environment. It helps them to understand the disease of alcoholism and that they are neither the cause nor the cure for what is happening in their homes. Children are not only taught skills for coping but are also prepared to behave appropriately in nonalcoholic environments.

Approach

The curriculum is carried out in a support group setting and is ideally limited to ten children per group facilitator. Siblings may be included in the group. Children are identified by the Head Start social worker, by classroom teachers during home visits, by classroom observation, and by parents. In addition, children may be referred by other agencies or professionals. After receiving a letter inviting their child to participate in the group, parents must give permission. Children are served by a facilitator who pulls the group members out of the classroom.

"HOME TALK," a parent involvement page, is sent home with children in the group at the end of each session. This is a check-off sheet which contains direct messages to parents about alcohol related issues.

Curriculum Components

The curriculum includes the following sections:

- Background. Why does a classroom need a separate curriculum for children who live in alcoholic homes?
- Characteristics of alcoholic homes and the children in these homes.
- Program design, including "setting up your own program".
- The intervention model.
- Who should facilitate the group.
- Administrative support needed.
- More about the curriculum, including multicultural aspects.
- The ten group sessions for children (see below).

- Facilitator's guide, including information on "What is Alcoholism," a fact sheet on children of alcoholics, the model of a circle (the group closing format), a classroom observation chart, and significant findings from use of the curriculum.
- Parent involvement handouts, including a letter to parents, permission slip, "HOME TALK" pages, closure letter, parent evaluation letter, and parent evaluation phone script.
- Art activities for children in the support group.

The ten group sessions of the curriculum focus on the following issues:

- Alcohol. This includes establishing an atmosphere of trust and acceptance, and providing information about alcohol.
- Feelings. Children learn to be aware of and appropriate ways to express their feelings, including their feelings about parents who are drinking.
- Anger management. Children learn to vent anger in appropriate ways.
- Self-esteem. Children learn methods for nurturing themselves, which helps them to establish healthy coping skills.
- Families. Children learn how families are different and alike, and develop a sense of family belonging of which they can be proud despite problems with alcohol.
- Personal safety. Children learn to ensure their own safety within tense, angry, and often violent environments.
- Relaxation. This session supports and encourages physical health and well being, and explains how to cope in tense situations. Children are taught to limit responsibility in the home situation to themselves, rather than feeling responsible for what goes on in the family.
- Being special. Children share feelings and discover their uniqueness, their "specialness." They learn to trust positive experiences.
- Nutrition. Children learn about the nutritional aspects of health, that it's okay to eat when they are hungry, and how to clean up after themselves. Preparing something to eat increases their knowledge of and mastery over their environments.
- Saying good-bye. This is the conclusion of the group. Issues of separation are addressed, children are reminded that they are special and that they can talk to their teachers, their friends from the group, and the facilitator if possible. Children remember and discuss group activities.

Each session includes a welcoming activity, hands-on activity, reinforcement activity and a closure circle. Children are given ample opportunity to raise alcohol related issues of their own. Materials for the final session include discussion of what to do for children who need continued professional care and support.

Audience

Children of alcoholics and support group facilitators, with input from parents.

Cultural Appropriateness

The curriculum acknowledges the importance of cultural relevance.

Suitability for Head Start

The curriculum was developed for children of alcoholics in a Head Start agency. Tips are offered for programs wishing to develop support groups using the COAP curriculum.

Program Requirements

Group facilitators, publications (storybooks, informational books for facilitators), supplies for conducting group activities.

Availability

The curriculum is available for $9.95 plus 7.9% tax, from:

Leona DeMonnin
Spokane County Head Start
N. 4410 Market Street
Mail Stop 1050
Spokane, Washington 99207
(509) 536-8044

THE FOUNDATIONS CURRICULUM

Drug and Alcohol Prevention Projects
Saint Vincent College
Latrobe, Pennsylvania 15650-2690

Contact Person

Diane Scanlon
Program Coordinator
(412) 539-9761, ext. 590

Funding Agency

Office for Substance Abuse Prevention
Alcohol, Drug Abuse, and Mental Health Administration
U.S. Department of Health and Human Services

Curriculum Description

The curriculum was developed in collaboration with Seton Hill Day Care, Inc. Its purpose is to help young children develop positive life skills, including independence, a good self concept, and coping, relating and decision making. It also offers age appropriate drug and alcohol information.

Approach

The focus of the curriculum is to prevent substance abuse by promoting good physical and mental health and building effective communication skills. The curriculum includes some specific drug and alcohol information.

Curriculum Components

The curriculum is supported by a kit of materials that corresponds with the lessons. It includes forty-nine books, 3 filmstrips, 2 cassettes, and a set of 8 study prints on children's moods and emotions.

In addition to the lesson plans, the curriculum includes the following:

- Recommendations for implementing the curriculum, including the need for communication with and involvement of parents
- Program appropriate lesson presentation; and
- A sample lesson tracking form.

Lesson plans include:

- Fostering independence
  - — clean teeth
  - — clean hands
  - — catching sneezes and coughs
  - — dressing skills
  - — being a helper
  - — pick up, put away
- Self concept
  - — I wish
  - — when I grow up
  - — special talents
  - — no one else like me
  - — nobody's perfect
  - — just the way I am
  - — I can do it
  - — being different is special
- Coping/relating
  - — expressing frustrating feelings
  - — sharing fears
  - — little lies/big problems
  - — friendship
  - —sharing
  - — happy feelings
  - — feeling sad
  - — angry feelings
  - — a very bad day
  - — calming myself down
  - — feeling afraid
  - — the talk box
  - — the feelings corner
  - — getting along with others
- Making decisions
  - — making choices
  - — you can't trick me
  - — problem-solving activities
  - — why rules
  - — choosing the right clothes
- Drug/alcohol (focusing on what is and what is not healthy)
  - — what is a drug
  - — drugs and poisons
  - — safe or not safe
  - — my doll is sick
  - — healthy choices
  - — dangerous dares
  - — recognizing danger.

Audience

Children and teachers. Parent involvement is solicited.

Cultural Appropriateness

Not specifically addressed.

Suitability for Use in Head Start

The curriculum was developed in conjunction with a Head Start agency and is suitable for use by other Head Start grantees.

Program Requirements

Activity supplies.

Availability

The curriculum guidebook and kit of materials (including a storage tub) are available from Diane Scanlon at the above address for a cost of $800.

GROWING UP STRONG

Center for Child and Family Development
University of Oklahoma
555 Constitution Street, Suite 221
Norman, Oklahoma 73037

Contact Person

Angelina O'Bar
Associate Director
(405) 325-1446

Funding Agency

Prevention Section
Oklahoma State Department of Mental Health

Curriculum Description

This prevention curriculum is designed to promote children's mental health by promoting:

- Positive self concept;
- Ability to take responsibility;
- Socially acceptable behavior;
- Coping with and appropriately expressing emotions; and
- Assertiveness, problem solving, and decision making skills.

Approach

The curriculum is based on the belief that substance abuse prevention is best promoted by children's developing positive habits, attitudes and life skills and practicing good dental and nutritional health. It is intended for use as part of the total early childhood curriculum. Classroom activities are designed for use in a variety of formats — in learning centers, with small groups, with individuals, or with a whole class. Family involvement is encouraged.

Curriculum Components

The curriculum includes a teacher's guide, family involvement handouts and information, GUS and GUSSIE puppets, buttons, magnets, and happygrams and award-o-grams (all of which are purchased separately — see below). Also available are supplements for Spanish bilingual and American Indian preschoolers.

There are thirty-five GUS and GUSSIE puppet activities detailed. A sample of the topics and skills addressed are:

- Introducing GUS and GUSSIE (puppets) — introduces and provides information to the children on how to use the dolls/puppets; allows each child to express feelings about the dolls/puppets and/or the class.
- Teaching a task — to make the classroom a place where children can function as independently as possible and can take responsibility for the care of the room.
- Movement and songs — to use and identify the body parts; helps children have a clearer physical self image and enhanced self-awareness; allows children to participate in the same manner as the teacher, through observation and imitation, for at least part of each song.
- Say it with feeling — helps children relate to and express feelings.
- Giant leaf box sculpture — helps children learn how to work cooperatively on a project.
- You help me and I help you — encourages each child to plan and execute a task with another child, and encourages children to share.
- Inside my home — helps children feel secure that their homes fulfill their daily living needs.
- My home in blocks — gives children an opportunity to explore concretely the dimensions of their home life experience.
- Family portrait — helps children see that they are part of a family group.
- Partners share a job — encourages cooperative behavior among children and encourages verbal expression.
- GUS and GUSSIE say "thank you" — assists children to develop a positive self-concept.
- Sometimes I feel scared — helps children understand that everyone is frightened sometimes and helps children deal with their fears.
- Showing and sharing about family members — encourages children to think about the members of their families.
- WOW breakfast chant — encourages children to enjoy eating nutritious foods; provides an opportunity for language use and memory development; teaches children that we can celebrate doing something good for ourselves; each child says the chant with the group.
- Experience charts — helps children feel that their words are important.
- "Angry" experience chart — helps children learn to use words to express feelings; helps children conceptualize the word "angry;" child shares one thing that has happened that has made the child angry.

In addition to activities, the teacher's guide includes:

- Observable behavior checklist;
- Making and using the puppets or dolls (they can also be purchased);
- Classroom management;
- Teaching methods;
- Positive comments;
- Being honest with yourself activities;

- Enhancing the young child's self concept;
- References; and
- Sample weekly plan for using curriculum activities.

Audience

Children and teachers. Family input is encouraged.

Cultural Appropriateness

The program is culturally sensitive. In addition, supplements are available for Spanish speaking children and for Native American children.

Suitability for Head Start

The curriculum is suitable for Head Start although the detail provided with each activity may make it appear complex.

Program Requirements

Supplies.

Availability

The curriculum is available from the Center for Child and Family Development (above). Costs are as follow:

- Preschool Teacher's Guide (second edition), GUS folder, family involvement duplication masters and GUS poster — $25
- Spanish Bilingual Supplement for Preschoolers (contains GUS folder, Teacher's Guide, family involvement duplication masters and bilingual GUS poster) — $20
- American Indian Supplement for Preschool through Third Grade (includes GUS folder, Teacher's Guide and a GUS poster) — $20
- GUS and GUSSIE puppets $20
- GUS and GUSSIE soft sculpture dolls — $49 (20" dolls)
- GUS and GUSSIE Multicultural Friends Puppets (6) — $45
- Growing Up Strong Buttons (50) — $15
- Happygrams and Award-O-Grams (sets of 100) — $10 each.

I AM AMAZING

American Guidance Service
P.O. Box 99
Circle Pines, Minnesota 55014-1796

Contact Person

Kathryn Breighner
Deborah Rohe
1-800-328-2560 (in Minnesota, 1-800-247-5053)

Funding Agency

W. K. Kellogg Foundation

Curriculum Description

Developmentally appropriate child centered activities to promote creativity, health, safety, self esteem, independent thinking, meaningful conversations, cognitive development, cooperation, problem solving, decision making, and motor skills. Specific information about substance abuse is not included in the program for children. However, at the beginning of each unit, information is provided on ways to incorporate substance abuse prevention messages into the session.

Approach

The curriculum is based on a study showing that the most effective programs for preschoolers give them opportunities to solve problems independently, converse with other children and adults, and explore materials and interests on their own. Thus, over 400 hands-on activities are presented in nine units which address concepts children can use to form healthy lifestyles.

Curriculum Components

The curriculum kit includes:

- The activity manual, providing:
  - — age-appropriate discussion topics;
  - — sample questions on health, safety, and self-esteem;
  - — an observation checklist for tracking individual skills development and for planning activities to meet each child's needs;
  - — sample family letters; and
  - — parent, family, friend and community activities.
- An audiocassette
- Posters to stimulate discussion for each unit
- Twenty-eight card sets
- Matching, rhyming, and sorting games and
- Story cards.

The nine curriculum units are:

- My amazing body — familiarizes children with the name, location, and function of specific body parts and how they work together;
- My five senses — introduces hearing, seeing, smelling, tasting, and touching, and how they are used;
- Amazing me — helps develop an appreciation for differences and promotes positive self esteem;
- Our families and friends — explores different kinds of families and their role in providing love and care;
- My feelings and yours — gives children insight into their own feelings and those of others;
- Healthy habits — helps develop healthy practices for hygiene, exercise, and self care as part of children's daily routine;
- Healthy foods — encourages healthy, well-balanced eating;
- Safety first — teaches skills for safe outdoor play at school and in the neighborhood and refusal skills for unsafe situations; and
- Safe at home — makes children aware of safe practices at home.

Audience

Children and teachers, input from parents is solicited.

Cultural Appropriateness

Not specifically addressed.

Suitability for Head Start

The program is suitable for Head Start. The number of activities presented may make the curriculum appear complex.

Program Requirements

Supplies.

Availability

The complete kit is available from the American Guidance Service for $250 plus 8% shipping and handling and State/local taxes, where applicable.

I'M SO GLAD YOU ASKED

I'm So Glad You Asked, Inc.
P.O. Box 329
Amherst, Massachusetts 01004

Contact Person

Patricia Newell
Marguerite Sheehan
(413) 549-3873

Curriculum Description

The curriculum fosters developing self awareness and enhancing coping and decision making skills and addresses questions about the use of alcohol and other harmful substances in the home. It is designed for year round use in the classroom.

Approach

The curriculum is designed to be especially helpful to children from families with multiple problems, including families who abuse substances and those who have difficulty feeling that they "belong" to the classroom group. The program seeks to strengthen teacher-child relationships and individual children. The project is based on the belief that it is important for children to be able to ask questions and receive correct information. The curriculum provides teachers with accurate information regarding substances and substance abuse for explanation to children. It helps teachers respond to questions asked by children and information children may share which may be highly personal, sensitive, or difficult for them to deal with.

Parent input is solicited and families are kept informed about the activities of their children and the information shared with the children. The project recognizes that differences in priorities or values, or a denial of a substance abuse problem, may keep some families from being involved.

Curriculum Components

Children are provided with skills for and practice in recognizing feelings, expressing feelings, decision making, and personal safety.

Questions about harmful substances in the home also addressed. The program is designed to be incorporated into daily circle time or other daily activities.

The curriculum lessons are:

- Who's here
- Feeling faces
- Look alikes
- If I spill my milk
- Touch you
- Mr. Yuck
- Shields are for protection
- Who would you tell
- Same and different
- How much is too much, part I (food)
- think you need a hug
- What's happening?
- I'm special
- Yes a drug — not a drug
- I'm mad at you
- If you feel funny
- How much is too much, part II (includes alcohol, aspirin)
- Grown-ups can make mistakes
- Sometimes we say no
- Wanna play?

The complete curriculum kit includes: a curriculum guide; photo boards; drug and candy display; film; cassette tape; storage tub for the kit with a lid; puppets; slide show; books; mirrors, and stickers.

Audience

Children and teachers. Input from parents is solicited.

Cultural Appropriateness

This is not specifically addressed in the curriculum, except to note that different priorities or values may keep families from being involved. If cultural diversity is a major consideration, the program may need to be adapted to be effective. If this is not the case, enhanced parent education efforts may be appropriate.

This curriculum will be translated into Spanish.

Suitability for Use in Head Start

Suitable for Head Start. Currently in use by a number of Head Start grantees. Agencies may want to enhance the parent involvement aspects of the program.

Program Requirements

Supplies.

Availability

The curriculum is available from the above contact person at her address. The complete kit is $550. A mini-kit (which excludes puppets, slide show, books, mirrors, stickers) is available for $350. There is a 10% additional postage and handling charge. An overview of the kit, containing a slide show and training information is available for $25.

PARENTS AND CHILDREN GETTING A HEAD START AGAINST DRUGS

National Head Start Association
1220 King Street
Suite 200
Alexandria, Virginia 22314
(703) 739-0875

Contact Person

Ura Jean Oyemade
(202) 806-6230

Funding Agency

Office for Substance Abuse Prevention
Alcohol, Drug Abuse, and Mental Health Administration
U.S. Department of Health and Human Services

Curriculum Description

This research based drug abuse prevention curriculum was developed especially for Head Start parents and their children. The program focuses on intervention, education, personal growth, and acceptance. Parents learn about the effects of drug abuse on the family, as well as effective parenting and drug abuse prevention skills.

Approach

The program is divided into two parts, one for parents and one for children. Children's activities are center based, and parent workshops take place concurrent with the children's program. This allows children and parents to address the same topics at the same time.

Children's activities are meant to be a portion or module of a program's drug abuse prevention efforts, not to serve as the entire curriculum. Each concept presented to children includes recommendations for activities parents can perform at home. Children's fears about drugs and poisons (not solely illicit drugs), are addressed. Children listen to songs and stories about how to "say no to drugs." These topics and activities are interspersed throughout the curriculum rather than being concentrated in one

or two concurrent sessions. Children also learn about self esteem, dealing with anger and pain, accepting responsibility, becoming familiar with their communities, the importance of exercise, assertiveness, cooperation, and nutrition.

Parents receive specific information about drugs, and take part in activities focused on self-esteem, communication, stress, health issues, values, peer pressure, family management and relations, and developing support networks.

Curriculum Components

The components of the curriculum are: a trainer's guide, a parent activity book, and a children's activity book.

The trainer's guide includes an overview of the problem and a section about how to develop effective training and facilitation skills. It contains the following ten modules:

1. Orientation
2. Self esteem
3. Communication
4. Stress
5. All around the community
6. Health issues related to drug abuse
7. Values and peer pressure
8. We are family
9. Developing support groups
10. Appreciating our families.

The parent activity book contains modules similar to the trainer's guide, and includes the following material:

- Specific information about drugs and the problem of drug abuse with discussion guidelines for parents to use with their children when addressing the topic;
- Self-esteem and self-appraisal activities with guidelines for communicating with children and ways to enhance a child's self concept;
- Stress issues including the special stresses associated with drug abuse and how to recognize and deal with stress in children;
- Community resources;
- Health issues related to drug abuse;
- The importance of exercise;
- Looking at values and peer pressure;
- The role of the family in combating drug abuse; and
- How to develop support groups.

The children's activity book contains the following lessons:

- Telling stories
- "This is me" book
- It looks like candy
- I get so angry when...when I drop my glass
- Our block
- Family exercise time
- No is a good word
- Family notes
- Mean words hurt
- It's good for you

Activities focus on discovering children's feelings about drugs; developing self esteem; recognizing drugs and poisons; managing difficult feelings; taking responsibility for one's mistakes; learning about the community as a means of maintaining personal safety; the importance and fun of exercise, especially as a family activity; how to say "no" to things that make them uncomfortable; the "specialness" of families and the importance of family communication; dealing with feelings; the importance of good eating habits; and the relationship between good nutrition and health.

Audience

Children, parents and staff.

Cultural Appropriateness

The program was designed based on data gathered from by minority scholars interested in Head Start. The first model program was implemented in Baltimore, Maryland. Later other cities with high risk populations of low income, Hispanic and Black families tried the model. Model programs were replicated under the direction of minority scholars interested in Head Start research.

Suitability for Use in Head Start

The curriculum was developed specifically for Head Start. It is culturally responsive and is based on accepted principles of child development and family support.

Program Requirements

Staff training, supplies.

Availability

When finalized, the curriculum will be made available to all Head Start programs.

PRENATALLY EXPOSED TO DRUGS (PED) PROGRAM

Location

Salvin Special Education Center
1925 South Budlong Avenue
Los Angeles, California 90007; and
75th Street School
142 West 75th Street
Los Angeles, California 90003

Contact Person

PED Team Member
Salvin Special Education Center
(213) 731-0703
PED Team Member
75th Street School
(213) 971-8885

Funding Agency

Los Angeles Unified School District
Division of Special Education

Project Description

This pilot program has been developed specifically to serve children prenatally affected by harmful substances. It was developed for the purpose of conducting research. It was not designed for operational replication, since it was not based on a mainstream concept. A transdisciplinary approach is used through which children and families receive services from a team of specialists including parents, teachers, psychologists, social workers, speech and language specialists, physical education staff, physicians and nurses.

The project has determined educational strategies appropriate to meet the needs of the high risk population of children being served.

Population Served

The program serves children ages 3 to 7. Upon entering the program, children must be between 3 and 4 years of age, with an average level of overall cognitive functioning. They must have been prenatally affected by drugs such as cocaine, PCP or heroin (children with severe medical conditions who qualify for special education services are not eligible). Children may be experiencing tremors, perceptual disorganization, blanking out, speech and language disorders, minimal developmental delays, disorganized play, difficulty with transitions, poor peer relationships or poor coping skills.

Approach

Special emphasis is placed on the following:

- Strengthening the home/school partnership;
- Providing parent/caretaker education;
- Disseminating information to the community;
- Gathering and implementing data from relevant research; and
- Developing curriculum guidelines.

Program features include:

- Providing a predictable, secure and stable environment with defined structure, expectations and boundaries;
- Ongoing nurturing and support;
- Respect for children's work and play space;
- Realistic demands and expectations;
- Routines and rituals;
- Ongoing observations and assessments, which help to identify the learning styles, behavioral characteristics and difficulties with bonding that tend to be characteristic of the children served by the program;
- Flexible room environments, in which stimuli can easily be reduced or enhanced;
- Transition time plans. Changes in activity upset some children prenatally exposed to toxic substances;
- Exaggerated gestures, because many prenatally exposed children have difficulty interpreting nonverbal signals;
- Very low child-staff ratios;
- Emphasis on attachment and trust;
- Positive role modeling;
- Emphasis on child decision making; and
- Recognition that the home is an essential part of the curriculum, with ongoing interaction and a close, coordinated working relationship between family members, caregivers and other professionals.

Suitability for Head Start

Initially, the young children served by the project are served in a special setting. However, the goal of the program is to place the children in a mainstreamed educational setting or in the least restrictive special education program placement. Some Head Start programs have based their strategies for working with children prenatally affected by harmful substances on this project in a mainstreamed setting.

Products

The project has developed a detailed booklet outlining the most effective teaching strategies. Published in July 1989, the publication is titled, "Today's Challenge: Teaching Strategies for Working With Young Children Pre-Natally Exposed to Drugs/Alcohol." It is available from the contacts listed above and addresses learning, play, social and emotional development, communication, motor skills, and home/school partnerships. In each of these areas a detailed list is provided explaining normal development, the behavior of at-risk children, and teaching strategies.

PRE-SCHOOL STRESS RELIEF CURRICULUM

Helps preschoolers, in particular children of substance abusers, to develop positive coping skills in order to reduce the stress in their lives, enhance their self concepts and control aggressive behavior. Parents are taught to reduce their own stress levels and to cope effectively with their children's stress. The curriculum was developed for Head Start, and is suitable for Head Start grantees.

The complete curriculum package is $450 ($350 for non-profit agencies), and includes a curriculum manual, puppet videos, posters, puppets, coloring/story book, song cassette, and bear stickers. A mini-pack is also available, as well as individual replacement items.

For more information, contact

Jennie C. Trotter
Gloria Humphrey Wholistic Stress Control, Inc.
P.O. Box 42481
Atlanta, Georgia 30311
(404) 344-2021

Funding Agency

The project was initially lodged within the National Council of Negro Women in Atlanta, Georgia. It was funded by the Office of Substance Abuse Prevention, Alcohol, Drug Abuse, and Mental Health Administration, U.S. Department of Health and Human Services.

Population Served

Children and families in Head Start programs in the metropolitan Atlanta area.

Approach

Head Start teachers attend a two-day workshop in order to learn about:

- Stress in general;
- The causes of stress in young children;
- Signs of stress in young children;
- The developmental stages of early childhood; and
- Teaching young children stress reduction and coping skills.

Trained teachers then use a six lesson curriculum to teach children about feelings, body changes, self-esteem and coping. Teachers are taught to create a day-to-day stress free environment for children in their classrooms. In addition parents attend two workshops to help them deal more effectively with their own and their children's stress.

Suitability for Head Start

The program was developed for Head Start programs in the Metropolitan Atlanta area and is suitable for adaptation or application by other Head Start grantees.

Products

The project has developed the following materials:

- A preschool prevention curriculum, "Feelings, Body Changes and Stress: A Substance Abuse Prevention and Mental Health Curriculum for Pre-Schoolers in Stress Education," and supplemental materials (see Appendix C, Curricula for more information).
- A parent training video geared to low income populations (adaptable to other income groups), entitled "What is This Mess Called Stress." The video is a 45 minute tape which shows how four adults' negative coping styles involve them with substance abuse, and how they are helped both by substance abuse treatment and by learning how to deal with the stress in their lives.
- A 30 minute video on stress and parenting, also developed for low income populations. The video, "Parenting and Stress: Five Problems and Solutions," portrays common stressful situations and solutions for parents. five scenarios address child abuse, teenage parenting, drug abuse, effective communication, and handling childhood illness.

PREVENTING THE ABUSE OF TOBACCO, NARCOTICS, DRUGS, AND ALCOHOL (PANDA)

Chapel Hill Training-Outreach Project
800 Eastowne Drive, Suite 105
Chapel Hill, North Carolina 27514

Contact Person

Mike Mathers
(919) 490-5577

Funding Agency

Region IV Administration for Children, Youth and Families
The Wareheim Foundation

Curriculum Description

The design is based on the notion that education is an important key to successful prevention and that with the appropriate education, even very young children can enhance their own health and safety. The curriculum focuses on teaching children about:

- The importance of a healthy body;
- The harmful effects of tobacco, alcohol and drugs; and
- How to say "no" to peer pressure.

Family education and support are key elements in the program. The curriculum was developed for use with children age four and older.

Approach

Building on the assumption that specific information about substance abuse is the best method of prevention, the curriculum includes four units:

- Building healthy bodies;
- Saying "no" to tobacco;
- Saying "no" to alcohol; and
- saying "no" to drugs.

The program presents information and activities which describe and discuss harmful substances and includes appropriate pictures.

Curriculum Components

In addition to the four educational units (see below), the curriculum includes four audio cassettes of songs, rhythms and stories and information in the following areas:

- Designing a community approach;
- Building community awareness;
- Parent involvement and family support;
- Integration of components;
- Guidelines for health coordinators;
- Guidelines for social services coordinators, including a family strengths and needs assessment questionnaire;
- Guidelines for parent involvement coordinators;
- Guidelines for education coordinators and teachers;
- Monthly planning guide;
- Materials list for each unit;
- How to use the materials;
- How to use the classroom activities; and
- Other things you can do to help.

The four curriculum units include:

1. Building Healthy Bodies
   - Introduction (goals, new words, introductory activities).
   - Introducing the parts of the body.
   - The importance of exercise and rest.
   - Keeping our bodies clean.
   - The importance of eating good food.
   - What's inside a body.
   - Saying "no" to things that can hurt our bodies.

2. Saying "No" to Tobacco
   - Introduction (goals, new words, introduction, activities)
   - Breathing in and out
   - My lungs help me breathe

- The many faces of tobacco. (Includes showing children tobacco, asking questions about it, and demonstrating how tobacco stains teeth and lungs. Stresses the importance of using the materials as health education, not as a criticism of smokers.)
- Second hand smoke.
- One of the crowd (avoiding peer pressure).
- Smoke gets in your lungs .
- I can say no. (Includes a "feed me" activity which utilizes a variety of options: food products, tobacco ashes, cigarettes, cigarette butts, match heads, whistles, flutes, etc.)
- I'll huff and I'll puff.
- I can be a leader (includes avoiding peer pressure).
- Parent materials checklist.

3. Saying "No" to Alcohol
   - Introduction (goals, new words, introductory activities)
   - My favorite drinks (about the importance of drinking healthy beverages and limiting non-nutritious beverages)
   - The many faces of alcohol. (Includes children examining alcohol product containers. Stresses the importance of presenting activities as a health, not a moral issue. Indicates that cultural and religious values vary.)
   - The party. (Includes sniffing containers which have held various liquids, including alcohol, milk and juice, as well as what to do if children are around people who are drinking and they become frightened.)
   - Bobo's secret. (A story about an uncle who drinks too much. Programs are advised to have a qualified mental health consultant, substance abuse counselor, or Al-Anon professional present this story, as it may elicit deeply personal responses.)
   - One of the crowd. (Saying no to peer pressure, including being pressed to drink.)
   - I can say "no". (Includes a "feed me" activity, using empty milk and juice cartons and alcohol product containers.)
   - I can be a leader. (Includes pretending to drink healthy or unhealthy beverages, and saying "no".)
   - Parent materials checklist.

4. Saying "No" To Drugs
   - Introduction (goals, new words, introductory activities)
   - Drugs that help my body
   - Unknown substances. (Children identify substances that look like candy or medicine. Story includes Bobo eating what he thinks is candy and getting sick because it is medicine.)
   - No drugs. . .in my life. (Includes "feed me" activity using beer can, cigarettes, pill bottle, and some nutritious food items.)
   - One of the crowd. (Includes showing children glue, liquid paper, and other substances children might "sniff," and talking about harmful effects of "sniffing".)

- I won't play with needles. (Includes showing children a hypodermic syringe, and teaching them not to touch or play with syringes they may see lying on the ground)
- I can be a leader.
- Optional supplementary activity: stickers. (Talks about the safety of stickers, and who it is safe to accept them from. Also introduces the option of developing your own stories about things not specifically addressed in the curriculum, e.g., crack or ice.)
- Parent materials checklist.

Audience

Children and staff, with input by parents and the community.

Cultural Appropriateness

The curriculum addresses the need for programs to be tailored to the community. It also explain ways to incorporate information about substances not included in the curriculum. Culture is not specifically addressed.

Suitability for Use in Head Start

The curriculum was developed for Head Start and is being used in a number of agencies. Grantees need to carefully consider whether the nature of the materials is in keeping with their values and prevention strategies.

Program Requirements

Activity supplies. Mental health or substance abuse counselor/consultant.

Availability

The curriculum guide and four audio cassettes are available from the above address for $65. A 12-minute slide tape, "Introducing PANDA," provides an overview of the curriculum guide for teachers, administrators, and parents, and includes excerpts from many of the songs and stories. The slide tape is available for $75 (VHS, $55; and Slide tape plus VHS, $105).

PROJECT YOUTH 2000

Location

Head Start Programs
Northwest Michigan Human Services
2963 Three Mile Road
Traverse City, Michigan 49684

Contact Person

Mandy Ridley
Chemical Dependence Coordinator
(616) 947-3780

Funding Agency

Office of Substance Abuse Prevention
Alcohol, Drug Abuse, and Mental Health Administration
U.S. Department of Health and Human Services

Project Description

The project was developed in recognition of the problem of substance abuse in Head Start families and to raise awareness of the Head Start staff, families, and children about chemical dependency and codependency issues. Project goals included:

- Intervention with currently abusing and dependent Head Start families and staff;
- Strengthening the protection and resiliency of at risk children in Head Start; and
- Providing a Head Start classroom chemical dependency prevention program.

Population Served

The program served children in ten counties in Michigan.

Approach

The project trained teachers and other staff about the following:

- That chemical dependency is a problem which affects an entire family, not just the family member who abuses substances;
- Characteristics of children of alcoholics; and
- Codependency and other dysfunctional characteristics.

The program provides twenty-four hours of classroom education about chemical dependency issues in families to Head Start preschoolers over a six week period. Parent education meetings are held and individual family support is provided and covers the same material that children receive in classrooms. The program has also developed linkages with assessment and treatment agencies for referring families to needed services.

Suitability for Head Start

The project was developed for Head Start programs. It can be adapted or applied by other Head Start grantees.

IDENTIFYING SUBSTANCE ABUSE PREVENTION CURRICULA

The Hillsborough County, Florida, Head Start Department is conducting a project which includes collecting and evaluating pre-K substance abuse prevention curricula and related materials.

Contact:

Judy Simmons
Project Manager
Substance Abuse Prevention Project
Hillsborough County Head Start Department
P.O. Box 1110
Tampa, Florida 33601
(813) 272-5140

IV. Families

This chapter addresses information about the following frequently asked questions mentioned in the Introduction:

- ***What should Head Start staff do if they suspect but are not sure that a family member has a problem with substance abuse?***
- ***What should staff do when they encounter a substance abusing parent, on a home visit, when they drop off or pick up a child, or in another setting?***
- ***What are appropriate Head Start strategies for working with families which are consistent with the Head Start mission?***

Head Start's Approach to Serving Families with Problems Related to Substance Abuse

When an individual family member abuses alcohol or drugs, the harmful effects are felt by the entire family. Head Start's approach to strengthening and supporting families offers an excellent supportive context to address the substance abuse problems which grantees are experiencing in the population.

Head Start grantees can help families in the following ways:

- Train all staff to identify and learn about possible problems involving the abuse of alcohol or drugs which they may encounter in their daily interactions with children and families. Interactions occur in the classroom, during parent meetings, and special events, while conducting home visits and at pick-up and drop-off time.
- Address the issues of substance abuse in the process of assessing families and helping them to set goals for themselves.
- Train social service or health staff to suggest and follow-up on referrals to community resources, and to work with children and families experiencing a problem with substance abuse.
- Introduce and continually reinforce prevention messages and strategies which families can use to develop and maintain healthy drug- and alcohol-free lifestyles.

Identifying Families

In order to meet the needs of specific families, Head Start staff need information about the extent and nature of the abuse of alcohol or drugs in the family. The Head Start process to assess family needs helps to focus and organize information about families and to involve families in setting and addressing goals for themselves.

However, families involved with the abuse of substances may not want anyone to know about their problems and may deny they have a problem. Therefore, evidence of a problem may not be disclosed during the formal discussion of family needs and goals. Rather, it may be revealed during a child's play or conversation in the classroom; through parent behavior during pick-up or drop-off; or through parent and child behavior and conversation during home visits, group sessions or other contacts.

Everyone on the staff needs to be trained to detect clues about problems with the abuse of substances. When they observe clues, staff need to know with whom they should share them and what the grantee will be able to do to help the family.

In addition, the formal family needs assessment process should incorporate information about family problems involving the abuse of alcohol or drugs. This may include family concerns about:

- Living in a neighborhood where violence and drugs are prevalent;
- An immediate or extended family member who is abusing substances;
- A parent or primary caregiver of a Head Start child who is involved with alcohol or drugs; or,
- A child who is affected by daily exposure to or involvement with alcohol or drugs.

Often a family will be able to talk about the needs of the Head Start child or other children, even though they are not able to reveal their own involvement with substances. Efforts to meet the need to protect and nurture the children can be a starting point for addressing the larger family needs.

In many situations, a grantee may not be successful in referring a parent for treatment, but will be able to respond to other supportive needs for help, such as sustaining a Head Start child in a nurturing situation or helping a family cope with a substance abusing household member. These outcomes are equally valid and important.

Referral and Follow Up

To work with families, Head Start grantees need a clearly defined structure and process for managing their responsibility to refer and follow-up with families who need help with the abuse of substances. This is important with all types of problems which grantees address with families. But it is especially important for issues of substance abuse because families often deny they need help and fail to follow through on referrals. Or the services they need are often not available or are difficult to access. If a Head Start grantee is going to be successful in identifying substance abuse problems and finding solutions, it will need to be especially well organized.

Organizational Steps to Consider

1. **Assign a Head Start program staff person the primary responsibility for ensuring comprehensive family services for each Head Start family.**

   Depending on the family's situation, different personnel can assume this role. For example, the Health Coordinator could be assigned as a case manager for the program in instances where:

   - A mother is pregnant or has a newborn;
   - A family is experiencing health problems in addition to substance abuse; or,
   - A child has special needs. If the program has a handicap coordinator, this person could be designated as case manager for families with children with special needs.

2. Add to the grantee's resource and information packet information about community substance abuse resources and referrals.

This packet should always be used as part of the family needs assessment process. It should be carefully explained during discussions with families.

The packet should be developed in collaboration with other community organizations. All involved programs could then use the same packet and share production costs. Information in the Head Start packet could include:

- Treatment options in the community. For each program include the name, address, phone number, directions, types of transportation available, contact persons, types of treatment provided, whether children are allowed to remain with or accompany their mothers, types of payment accepted and the cost of treatment.
- The State Medicaid program's coverage of substance abuse treatment.
- Help for other family members (e.g., alcohol and drug support groups, mental health clinics, adult children of alcoholics, etc.).
- Other information relevant and specific to the community population that might be helpful to family members in obtaining treatment for substance abuse or for family members currently in treatment (for example, drop-in centers where Spanish or Asian languages are spoken).

Information about Head Start should be included in packets distributed by other organizations.

A specific Head Start package could be prepared for distribution to pregnant women. This could include:

- General information about healthy pregnancies;
- Where and how to obtain prenatal care that includes expertise about pregnancy and substance abuse;
- A list of substance abuse treatment programs which have expertise about and will accept pregnant women and the conditions of acceptance;
- Information about the local WIC program; and
- Information about expanded coverage for pregnant women under Medicaid.

This packet should also be distributed routinely. It will ensure that women using potentially harmful substances receive appropriate information, whether or not they have a substance abuse problem. When giving a woman such a packet, staff may want to elaborate on the reasons for including substance abuse information—the extent of the problem in the community, harm to the fetus and other reasons. A women without a problem will likely be sympathetic to such reasoning. A woman who is using substances may be more likely to pay attention to the information contained in the packet after hearing the explanation.

3. **Designate a lead agency within the community (either Head Start or a referral agency) which will take the responsibility for organizing the activities and services for a particular family needing assistance with substance abuse problems.**

This agency should name a lead family case manager. All other agencies and programs (including Head Start) will coordinate activities through this person to carry out substance abuse services to this particular family.

In certain partnerships, Head Start might assume the lead with one family and the partner agency take the lead with a second family, depending on the specific circumstances, family needs and the resources of the two organizations. The network of substance abuse prevention and treatment agencies and resources in a community should develop a method for determining when a particular agency should take the lead, and how the others will support the lead.

For example, it might be appropriate for Head Start to take the lead when the family's biggest problem is the fact that their child exhibits the effects of exposure to harmful substances. However, when the family's major problem is a parent's alcohol or drug addiction, a treatment program should take the lead. In instances where child abuse is involved, child protection or child welfare services may be the appropriate lead agency. In some cases, two or more problems may share primary importance, and two or more agencies may need to work closely with the specific family case managers within each agency, to assure comprehensive and coordinated services. Procedures must allow flexibility to respond to the unique needs of each family.

4. **Develop Head Start staff procedures to ensure that staff have a common starting point for helping families, and know what to do in varying situations.**

These procedures are necessary to ensure that staff do not have to invent an assistance approach or plan each time they are faced with a family with a substance abuse problem. Head Start procedures could include:

- Methods to determine which network organizations and contact persons to call for assistance with specific problems;
- Methods for determining when and how to report suspected child abuse and neglect;
- Methods for handling situations in which a child or family member's safety is threatened;
- Methods for handling situations in which a worker's safety is endangered or needs to be protected; and
- Requirements regarding the minimum number of meetings to convene with a family, or with Head Start and network agency staff, and a list of specific issues to cover in such meetings.

These procedures should be developed with the involvement of parents and staff, including the Policy Council.

Strengthening Families to Avoid Substance Abuse

Substance abuse is pervasive in the United States at every socioeconomic and educational level and in all racial and ethnic groups. Both males and females are susceptible. Everyone is at risk to some extent. Certain populations, however, are at increased risk due to societal factors. Some groups are more prone to abuse some substances more than others. For example, it has been found that the extremely addictive drug crack cocaine is most widely used in poor urban populations. Crack's use among women, including pregnant women, is alarmingly high. Marijuana is prevalent among upper income families. Alcohol is the most commonly abused substance in rural areas and in the population in general. Head Start programs should take a close look at the populations they serve and focus on the substance abuse problems experienced by those populations.

In addition to helping individual families experiencing a problem with substance abuse, Head Start programs are in a position to foster healthy family lifestyles and enhance the ability of all families to avoid substance abuse. Given the pervasive nature of substance abuse in the United States, no family can presume to be completely immune from this destructive problem. Activities for all families should emphasize prevention in Head Start programs.

Prevention activities in each program will need to be geared to the circumstances of families in the local communities. Community needs assessments are an important step in developing family prevention programs. Head Start agencies need not rely solely on their own needs assessments. Often, other organizations and agencies will have collected relevant information. Head Start personnel can contact treatment programs and State and local agencies concerned with substance abuse to determine if and where such information may be found. Head Start staff can also work with these agencies to develop a substance abuse prevention program.

Written information may not be read or heeded by individuals at highest risk. It is important to try a variety of prevention and treatment approaches. For example, it might be useful to try to convene a committee of residents in high risk areas to make prevention and treatment messages more relevant to hard-to-reach populations. The committee could include members who are recovering from addiction. Television announcements are more likely to reach an audience than written materials. It is important to involve representatives of all the cultural groups in the community in developing an effective program.

Regardless of the community, there are general areas which should be considered when developing substance abuse prevention programs. The program should take into account conditions in the community. For example, simply presenting information about the importance of good nutrition is ineffective if it does not take into account families' financial circumstances. Methods for purchasing and preparing nutritious foods on a limited budget should be presented. Agencies should consider addressing:

- Self esteem enhancement;
- Assertiveness techniques;
- Stress management and coping skills; and
- Techniques for attaining and maintaining optimal physical and emotional health;

- Attitudes toward alcohol and other drugs, including prescribed and over-the-counter medications, and how family attitudes towards the use of harmful substances affect children;
- Specific information about the use and abuse of alcohol and other drugs, including the effects of different substances on health, and the family, and how to recognize substances and substance abuse;
- What to do if a family member starts to abuse alcohol or other drugs;
- What to do if you think you have a problem with substance abuse (including information about what is available through the Head Start program and how services are provided);
- Parent education on child development, mental health, and related topics.

The purpose of providing information is to educate and not to intimidate or scare families. The goals are to help all families combat substance abuse, and to help family members who may be experiencing a problem recognize this and feel comfortable seeking assistance. Small groups of adult participants and structured support groups are usually more effective than lectures or speeches.

Responsive Approaches for Special Family Populations

Sensitivity to culture and language is an essential ingredient in a substance abuse strategy responsive to Head Start's diversity. There are a number of populations for whom special efforts are necessary if they are to be reached by comprehensive substance abuse prevention and treatment efforts. Such special subgroups of Head Start include:

- Migrant farmworker families;
- Native American families;
- Immigrant families; and
- Homeless families.

This section highlights some of the unique situations of these populations which must be responded to in tailoring substance abuse program strategies.

Migrant Farmworker Families

Migrant farmworker families present a special challenge to substance abuse prevention and treatment efforts. The full extent of substance abuse among migrant farmworkers is unknown. However, persons working in the area of migrant health report the following:

- Substance abuse prevention and treatment resources for this population are extremely limited; and
- Resources which exist are often inappropriate for the culture or language of the families.

Additional barriers to treatment, particularly as families move around the country, include:

- Lack of service continuity;
- Inability to pay for services;
- Lack of transportation to and from treatment services;
- Isolation and lack of awareness of community resources;

- Community indifference to or lack of knowledge about the needs of farmworker families;
- Lack of time or incentive to find and take advantage of existing services. For example, time off from work is generally unpaid and difficult to arrange, work days are long, and the work itself is physically exhausting;
- Lack of available treatment options, e.g., services with evening hours;
- Inadequate child care;
- Inability to enter inpatient treatment due to the need for mobility and for ongoing work; and
- Undocumented workers' fear of participating in formal service networks.

In some areas, families may not be present long enough for a thorough needs assessments to be conducted and appropriate services identified and accessed. The needs of local communities do not necessarily reflect the needs of their migrant families. One method for addressing this problem might be for agencies to consider collaborating for needs assessments to be conducted in primary homebase areas, prior to migration periods each year.

It is important to collaborate with other programs which exist to serve migrant communities — migrant health clinics and migrant education programs, for example. Where possible, linkages might also include growers or their representatives in order that they may better understand and support prevention and treatment efforts. Agencies which serve migrant families may not currently address substance abuse but can be encouraged to do so. Migrant ministries, for example, could be contacted about this.

A general community profile may not reflect the characteristics or needs of its temporary migrant community. However, it is important that the community accept responsibility for its migrant families. General community resources need to be made available to the population. Local agencies could outstation substance abuse prevention or treatment personnel at a Head Start site or ask them to visit the Head Start setting regularly. These staff members can serve as a resource and link for families between Head Start and other service providers.

Some community resources could set up services specifically for migrant families. For example, in an area where family members feel uncomfortable or have difficulty attending local meetings of Alcoholics Anonymous (AA), Al-Anon or Al-A-Teen, representatives of local chapters may be willing to start groups for migrant farmworker families in the community. These meetings would occur with peers and should be easily accessible and held at convenient times.

Communities which serve migrant families should try to collaborate with other community networks within the State and across State lines. This could help to avoid continuously rescreening, rediagnosing, or recertifying family members for various services. Collaboration can also reduce the possibility of a family receiving services in one State only to find they are ineligible for the same services in another. It is important to broaden the notion of "community" and integration of services to cover migrant streams across the country.

Records necessary for participation in a network of services should be easily portable and carried by families from community to community.

Native American Families

Like programs for migrant farmworker families, programs serving Native Americans have some unique linkage needs including:

- The need for close coordination with and support of tribal councils;
- Where appropriate, coordination with and use of traditional healers;
- Linkages with the Indian Health Service;
- The need to work with Native American owned and operated services; and
- The need to work with other private and public programs which serve Native American families.

It is important that staff understand the relationship of Native American people to their tribes. Indian tribes share in the high value placed on children, but each tribe is a sovereign nation and has a unique culture and definition of tribal membership. It is very important that persons providing services to Native Americans be knowledgeable about tribal culture and experienced with issues of tribal sovereignty.

Immigrant Families

Immigrant families face widely varying circumstances depending upon:

- The circumstances of immigration;
- The country of origin;
- Socioeconomic resources;
- The existence of a family support network in the United States;
- Language ability;
- Education; and
- Employability.

The more crisis-oriented the circumstances of immigration, the poorer and more isolated is the family and the more difficult is their adjustment to life in the United States. Family stresses may include:

- Loss of a support network;
- Worry about family members left behind;
- Cultural differences and misunderstandings;
- Fear of or uncertainty about the future;
- Unfulfilled expectations;
- Change in family status, and lack of respect for past achievements or education;
- Acculturation stresses within the family; and
- Physical or mental health problems, which may even include post traumatic stress syndrome.

Immigrant families represent a wide variety of cultures, languages and dialects. In order to successfully engage families, especially those who have recently arrived in the United States, States need to develop innovative, culturally appropriate strategies. Staff should be aware of cultural similarities and differences and of the potential stresses of immigration and the program should reflect this awareness.

Immigration offices, English as a Second Language programs, and other programs serving the needs of immigrant populations in the community offer opportunities for linkage.

Homeless Families

Homeless families are the fastest growing segment of the homeless population. Homelessness, in itself is extremely difficult to cope with, and can be especially devastating if a family member has a problem with substance abuse.

Becoming homeless compounds the problems of difficult environments for children. Problems of homeless families include:

- Ineffective, unavailable, or nonexistent support networks;
- Transient nature of shelter and tendency to move frequently;
- Increased dependence and inability to provide for the family both physically and emotionally;
- Inappropriate or nonexistent programs for care of infants, toddlers and young children;
- Placement in facilities physically or institutionally remote from community resources, so that help is inaccessible; and
- Legal and other barriers, which complicate access of children and families to educational, health and social services.

Comprehensive substance abuse prevention and treatment efforts should include linkages with shelters and other services for the homeless.

IV. Families

A. Organizations

RESOURCES

The following organizations offer assistance to families:

American Indian Health Care Association
245 East 6th St., Suite 499
St. Paul, Minnesota 55101
(612) 293-0233

Institute on Black Chemical Abuse
2614 Nicollet Avenue
Minneapolis, Minnesota 55408
(612) 871-7878

Migrant Head Start Resource Center
InterAmerica Research Associates
7926 Jones Branch Drive, Suite 1100
McLean, Virginia 22102
(703) 893-6778

National Asian Pacific American Families Against Substance Abuse, Inc.
420 East Third Street
Suite 909
Los Angeles, California 90013
(213) 617-8277

National Association of Hispanic Health and Human Services Organizations (COSSMHO)
1030 15th Street, N.W. Suite 1053
Washington, D.C. 20005
(202) 371-2100

National Head Start Association
1220 King Street, Suite 200
Alexandria, Virginia 22314
(703) 739-0875

National Migrant Resource Program, Inc.
2512 South IH35, Suite 220
Austin, Texas 78704
(512) 447-0770

Native American Indian Head Start Resource Center
Three Feathers Associates
P.O. Box 5508
Norman, Oklahoma 73070
(405) 360-2919

Project T.E.A.M.S.
(Training, Education and Management Skills)
U.C.L.A. Department of Pediatrics Intervention Program
1000 Veteran Avenue
23-10 Rehabilitation Center
Los Angeles, California 90024-0797
(213) 825-4821

B. Programs

THE CENTER FOR THE IMPROVEMENT OF CHILD CARING, INC.

11331 Ventura Boulevard
Suite 103
Studio City, California 91604

Contact Person

Kerby T. Alvy
(818) 980-0903

Purpose

The Center was founded in 1974 to develop, test and disseminate model parent training programs.

Approach

In 1988, a National Parent Training Program began. Components include:

- One or two day showcase conferences which demonstrate a variety of contemporary parent training programs. The conferences enable communities to choose which programs are most appropriate for their families and stimulate community- wide planning in the area of parent training. Programs that are showcased have been field tested, with instructor training workshops currently available. A conference can be designed to include any of the programs listed in the following section.
- Parent instructor training workshops. These workshops provide training and certification to deliver specific parent training programs for groups of 15 or more trainees, including:
  - Developmentally-related Programs designed for parents (e.g., first time parents, parents of infants, parents of preschoolers, teenage parents, stepparents, single parents).
  - Ethnic Minority Programs designed to address the unique cultural history and traditions of various ethnic minority groups and teach parenting skills in a culturally appropriate manner. Included are programs developed specifically for Black and Hispanic parents ("Effective Black Parenting," and "Los Ninos Bien Educados").
  - Substance Abuse Prevention Programs based on family and child factors that research has indicated put children at high risk for substance abuse and delinquency. The programs are aimed at preventing substance abuse by reducing risk (e.g., preparing for the drug (free) years, common sense).
  - General Parenting Skill-Building Programs appropriate for a wide range of parent and child populations. Designed for parents in general, programs are included such as parent effectiveness training, systematic training for effective parenting, active parenting, and family talk.
  - Programs for Working Parents covers the unique experiences, challenges and pressures of parents in the workforce, including issues of child care and career conflicts (e.g., parents with careers, worksite parenting).

— Clinically-related Programs designed for families in which problems already exist (e.g., physically and emotionally abusive parents; substance abusing parents; parents of emotionally or behaviorally disturbed, learning disabled, or physically disabled children; parents with special learning needs).

— Educationally-related Programs focus on the role of parents in preparing for and supporting children's formal educational experiences (e.g., preparing to survive kindergarten, parenting for education).

— Youth Preparation for Parenthood Programs (to prepare school-age children for parenting).

HEAD START FAMILY SERVICE CENTERS

In the fall of 1990, the Head Start Bureau funded 13 Head Start grantees across the nation to develop and implement 3 year demonstration projects called "Family Service Centers". Their purpose is to demonstrate how Head Start can effectively address the interrelated problems of unemployment, illiteracy and substance abuse which are affecting many participating families and interfering with their ability to achieve self-sufficiency and to promote the full development of their children.

The 13 projects are developing community service agency linkages and intervention programs designed to do the following:

- Reduce and prevent the incidence of substance abuse among Head Start adult family members
- Improve the literacy skills of Head Start parents and other family members; and
- Increase the employability of Head Start parents.

These programs collaborate with public and private sector partners, including those in the corporate sector. They have a family centered focus and an emphasis on case management and parent involvement. They network with existing family service organizations in order to increase their effectiveness in helping low income families with problems.

In the fall of 1991, an additional 16-20 Family Service Center grantees will be funded.

For more information, contact:

Jack Corrigan
Head Start Bureau
Administration for Children, Youth and Families
U.S. Department of Health and Human Services
(202) 245-0403; or

Madelyn Schultz
Head Start Bureau
Administration for Children, Youth and Families
U.S. Department of Health and Human Services
(202) 245-0398

C. Curricula

CHERISHING YOURSELF AND YOUR CHILD

Early Childhood Substance Abuse
Prevention Project
Tacoma-Pierce County Health Department
3629 South "D" Street
Tacoma, Washington 98408

Contact Person

Jan Hudak
Parent Educator
(206) 591-6402

Funding Agency

Office for Substance Abuse Prevention
Alcohol, Drug Abuse, and Mental Health Administration
U.S. Department of Health and Human Services

Curriculum Description

This curriculum grew out of a project to teach parenting skills to enhance the attachment between parents and their high risk children. It served Head Start parents. It is designed for use in parenting classes designed to meet the needs of high risk families working to build nurturing relationships with their children. It includes education about parenting behaviors that put children at risk for substance abuse. The curriculum is intended to be integrated with a curriculum for children.

Approach

Specialized parent training classes for high risk families. There is a quality child care component and child care is provided while parents attend the parent groups.

Curriculum Components

The curriculum consists of the following sessions for parents:

- Parents' needs and children's needs/child development. The objectives of this session are to:
  - define parent's needs and children's needs
  - understand how those needs can be met
  - identify resources and support systems for satisfying parents' needs and children's needs
  - encourage the skill of observing
- Communication/meeting the needs of parents and children. The objectives are to help families:
  - identify the major components of the communication process
  - understand what blocks and what facilitates communication
  - ask for what they need
  - have an opportunity to have someone listen

- Working through difficult feelings. The objectives are to:
  - define the difference between feelings and actions
  - understand what we can choose and what we cannot
  - experience and identify our own uniqueness as it relates to feelings and actions
  - feel accepted and validated in the group exercise
  - experience the process of brainstorming and problem solving
- Our inner child of the past. The objectives are to:
  - define healthy and unhealthy systems
  - define the difference between real self and learned self
  - experience the process of describing the many ways we develop a learned self, e.g., parental role models, gender roles, cultural expectations, family secrets, family constellation
  - brainstorm conditions that can break the intergenerational patterns of dysfunction and create potential for healthy family interactions
- From punishment to discipline. The objectives are to:
  - understand and identify our own house rules
  - experience the difference between punishment and discipline
  - identify "choices for disciplining"
- Discovering our inner nurturer/building positive self esteem. The objectives are to:
  - understand an infant's need for bonding and attachment
  - describe the growth and development of a child's sense of self through children's art
  - experience discovering potential for nurturing
  - hear stories that symbolize the inner self and what a child needs for feeling cherished as a unique self.

Audience

Parents or other primary caregivers.

Cultural Appropriateness

Not specifically addressed

Suitability for Head Start

The curriculum was developed by and for Head Start programs, taking into consideration the needs of families served by the program.

Program Requirements

Supplies. The full curriculum has not yet been published. Staff training is recommended.

Availability

Contact Jan Hudak (above) for information regarding availability.

SUPPORTIVE TRAINING APPROACHES FOR ROLE-MODELING (S.T.A.R.)

Contact Person

Shelley R. Hinojosa
Shelley & Associates
737 Pennington Avenue
Corpus Christi, TX 78412
(512) 991-3144

Curriculum Description

This drug abuse prevention curriculum was developed especially for Head Start staff, parents and their children. The program focuses on information, education, intervention, and self-esteem building. The curriculum is bilingual and culturally relevant to the concerns of the Hispanic.

Approach

The program is divided into three parts for staff, parents and children. Children's activities are coordinated with parent workshops which usually take place in the evening. The purpose of Project S.T.A.R. training is to develop staff and parent understanding for responsible role-modeling. The staff and parent training modules will focus on the importance of responsible role-modeling as it relates to the prevention of drug and alcohol abuse. The curriculum guide has been designed to work with the staff and parent workshops. It is also available in Spanish.

Curriculum Components

The components of the curriculum are:

- a trainers outline guide,
- parent outline guide, and
- teacher outline guide.

The guide includes an overview of the problem as well as a section on developing effective training and parenting skills. The following ten modules are taught:

- Self esteem,
- Positive self-control,
- The family,
- Effective communication,
- Feelings,
- Cultural perspectives,
- Chemical dependency,
- Eenie, Meenie, Miney, Mo,
- Stress management, and
- Goal Setting: "Shoot for the Stars".

The curriculum includes a teacher's guide, handouts and information, shining star grams, and other relevant material.

The staff and parent training is designed to follow the curriculum guide. Specific information about drugs and the problem of drug abuse is addressed in these workshops. The curriculum guide and staff/parent manual focuses on the ten modules.

The children's activities include:

- developing self esteem skills by using a mirror exercise;
- working in groups to develop self concept skills;
- developing family relationships;
- developing communication skills;
- developing self awareness, feelings and role playing;
- developing cultural pride;
- recognizing substance abuse;
- developing proper health care skills;
- coping with stress; and
- encouraging an education and positive lifestyle

Activities focus on finding out how children feel about themselves; drugs; family; dealing the feelings; communicating and socializing; learning cultural pride; role playing; dealing with stress; and the importance of a good education.

Audience

Children, parents and staff.

Cultural appropriateness

The curriculum has been developed especially for high risk communities of low income, Hispanic families. The program is also designed for Spanish speaking children and parents.

Suitability for Head Start

The curriculum is suitable for Head Start use and has been used with grantees in Region VI. It is culturally relevant for Hispanic families.

Program Requirements

Staff training, supplies.

Availability

Staff and parent training is available in exchange for honorarium and travel expenses.

The curriculum is available from Shelley & Associates through Galaxy Technical Services, 814 Edmonds, Suite 203E, Lewisville, Texas, 75067, 214/434-8070. A separate purchase order must be made for each item. Note one time set-up charges for individual items. Prices are as follows:

- Bumper stickers — "I Am the Proud Parent of a Child with Talents & Strengths" Personalized with Head Start name, address, etc. Quantity: 1,000, $409; 2 plate charges/$423, 2-color. Ten day delivery.

- Bookmarkers — "Give Your Child the gift of Education" Personalized with agency name. Ten ways to Raise Your Child's Self Esteem — in English and Spanish. Price for bookmarkers will follow upon receipt of size and design.
- Self esteem mirror — personalized with agency name, etc. Price for mirror will follow upon receipt of size and design.
- S.T.A.R. lapel pins. One time $95 die cut charge. quantity: 100, $270; quantity: 250, $350; quantity: 500, $650; quantity: 1,000, $1,250.
- S.T.A.R. Recognition Program cards in English and Spanish for staff, parents and children. (set of 50) $10.
- S.T.A.R. pencils, red with white. Quantity: 500, $450; quantity: 1,000, $860; quantity: 2,500, $1,900.
- S.T.A.R. paper weights, $12.46 each.
- Red Ribbon Campaign. Quantity: 500, $112.50; quantity: 1,000, $195; quantity: 2,500, $462.50; quantity: 5,000, $875.
- S.T.A.R. magnets. One color. Quantity: 250, $245; quantity: 400, $360; quantity: 750, $375; quantity: 1,000, $470. Two color: quantity: 750, $577.50; quantity: 1,000, $610.

CHILDREN OF ALCOHOLICS PROJECT

Head Start/ECEAP
Institute for Extended Learning
E7041 Mission Avenue
MS 1050
Spokane, Washington 99212-1148

Contact Person

Leona DeMonnin
(509) 536-8044

Curriculum Description

The curriculum addresses the needs of children living in alcoholic families. A full description of the curriculum is provided in the RESOURCE section of Chapter III, Children. This curriculum offers "HOME TALK," a parent involvement page, which is sent home with children in the group at the end of each session. "HOME TALK" is a check-off sheet which contains direct messages to parents about alcohol related issues.

Availability

The curriculum is available for $9.95 plus tax from:

Leona DeMonnin
Spokane County Head Start
N. 4410 Market Street
Mail Stop 1050
Spokane, Washington 99207
(509) 536-8044

PARENTS AND CHILDREN GETTING A HEAD START AGAINST DRUGS

National Head Start Association
1220 King Street
Suite 200
Alexandria, Virginia 22314
(703) 739-0875

Contact Person

Ura Jean Oyemade
(202) 806-6230

Curriculum Description

This drug abuse prevention curriculum was developed especially for Head Start parents and their children. The program focuses on intervention, education, personal growth, and acceptance. Parents learn about the effects of drug abuse on the family, as well as effective parenting and drug abuse prevention skills. They take part in activities focused on self-esteem, communication, stress, health issues, values, peer pressure, family management and relations, and developing support networks. Parents' workshops take place concurrently with the children's program and are based on a parent activity book. The curriculum is described in more detail in the RESOURCE section of Chapter III, Children.

Availability

When finalized, the curriculum will be made available to all Head Start programs.

PRE-SCHOOL STRESS RELIEF CURRICULUM

Contact Person

Jennie C. Trotter
Gloria Humphrey
Wholistic Stress Control, Inc.
P.O. Box 42481
Atlanta, Georgia 30311
(404) 344-2021

Curriculum Description

This curriculum helps preschoolers to develop positive coping skills in order to reduce stress, enhance self-concept and control aggressive behavior. Parents are also taught to reduce their stress and to cope with their children's stress. A parent training video concerning coping with substance abuse by seeking treatment and a video about stress and parenting are part of the curriculum. The RESOURCE section of Chapter III, Children, contains a complete description of the curriculum.

Availability

The complete curriculum package is $450 ($350 for non-profit agencies). Order through the contact persons listed above.

PROJECT YOUTH 2000

Location

Head Start Programs
Northwest Michigan Human Services
2963 Three Mile Road
Traverse City, Michigan 49684

Contact Person

Mandy Ridley
Chemical Dependence Coordinator
(616) 947-3780

Project Description

The project was intended to raise awareness about chemical dependency and codependency in families for children and other family members. Parent education meetings were held and individual family support was provided, as needed. The program developed linkages with assessment and treatment agencies for referring families to needed services. This project is explained in more detail in the RESOURCE section of Chapter III, Children.

Availability

This project can be adapted or applied by other Head Start grantees. To obtain more information, call the contact person listed above.

V. Community Partnerships

This chapter addresses information about the following frequently asked questions mentioned in the Introduction:

- ***How can Head Start grantees link up effectively with other community resources to enhance and expand what Head Start is able to provide to families needing assistance with substance abuse?***
- ***What other services and programs are available in communities?***

The Benefits of Partnership

Head Start grantees should seek help from the community to meet the needs of children and families affected by problems of substance abuse. In order to meet these needs, grantees must work with other agencies and organizations and access other resources to complement and enhance those offered by Head Start. By developing strategies to create partnerships between Head Start and other community organizations, grantees can ensure that comprehensive substance abuse services are available to Head Start families and that the efforts of the Head Start staff will be combined with other needed resources to assist families.

Head Start grantees have benefits to offer in community partnerships. Benefits which Head Start grantees can offer are:

- Access to a population of low income families and young children who may be vulnerable to community and personal stresses, and would especially benefit from prevention and treatment resources in alcohol or drug abuse;
- The opportunity to offer priority enrollment consideration for eligible families referred by other partnership programs;
- The possibility of combining Head Start with other child care and family services to ensure that children from families in treatment are nurtured and protected; and
- A positive and successful program for strengthening families through prevention strategies, identification of family needs, referral for services, family life education and development of self-sufficiency skills.

Head Start can use its participation in a community partnership network to meet the needs for:

- Priority access to services for treatment and aftercare programs for staff, parents or other family members who are experiencing a problem with substance abuse
- Mental health and other services which are necessary for a family member's recovery from the effects of substance abuse;
- Speedy enrollment in Medicaid for eligible families;

- Immediate and effective professional screening, diagnosis and treatment for children suspected of being affected by alcohol or drugs;
- Substance abuse treatment and prenatal care for pregnant women, as well as access to Special Supplemental Food Programs for Women, Infants and children (WIC) and other special resources;
- Access to adult education and job training for adults while they are in recovery through linkages between the Job Opportunities Basic Skills Program (JOBS), Head Start and substance abuse programs dealing with support issues; and
- Prompt access to adequate shelter for homeless families.

Head Start grantees and other partners in a community substance abuse network can also work together to stretch dollars for their mutual benefit by taking the following steps:

- Developing joint packets of information about community resources;
- Collaborating to increase public awareness of network programs and strategies;
- Conducting joint outreach campaigns;
- Cooperating in training sessions and conferences;
- Hiring or contracting for certain staff positions or services;
- Developing joint funding proposals; and
- Coordinating family case management.

What Constitutes an Effective Partnership

Agencies and organizations which link in a recognized network to address the problem of substance abuse greatly increase their individual and collective capacity to offer comprehensive assistance to families and help ensure that families do not get lost in the referral process.

An effective partnership of community programs concerned with substance abuse should:

- Build service networks around the needs and characteristics of children and families in the community;
- Ensure linkages are formal and based on compatible philosophies regarding legal and illegal substance abuse;
- Develop compatible definitions of needs and services, referral processes, forms and methods of documentation and follow up;
- Explain to relevant staff in each agency the value of the partnership relationship;
- Ensure that there is a lead agency and lead case manager for each family, and have a mechanism for determining which agency will fill this role for which families;
- Hold team meetings routinely; and
- Cooperate to provide technical assistance, education and training in their areas, in addition to delivering prevention and treatment services.

Community Needs Assessment

In order to provide comprehensive services for a specific local community, agencies must have information about local needs. Community needs assessments can identify patterns of substance abuse in a target population. Head Start can use data and needs assessments of other agencies.

The following information would be helpful in developing a substance abuse prevention and treatment strategy:

- Demographic information, such as the age and gender makeup of the community, ethnic and racial characteristic languages represented, income, and education;
- Characteristics and numbers of people enrolled in formal inpatient and outpatient treatment programs — highlight the problem substances;
- Numbers and characteristics of persons waiting for treatment — include the problem substances;
- Numbers and characteristics of pregnant women in and waiting for treatment;
- Numbers of women who would consider treatment if other services were available (e.g., child care, transportation);
- Numbers and characteristics of persons unable to access treatment programs for financial reasons;
- Number of children prenatally harmed by or born addicted to alcohol or other drugs;
- Characteristics and numbers of persons in informal treatment programs (for example, Alcoholics Anonymous) — include problem substances;
- Number of child abuse and neglect cases in the community and the number involving substance abuse;
- Extent of domestic violence in the community and the number of incidents linked to substance abuse;
- The number of homeless families with young children in the community and numbers of homeless families affected by substance abuse; and
- Numbers and characteristics of families in the community who are eligible for Head Start but are not enrolled.

It is quite common for community agencies to misjudge the prevalence of alcohol and drug addiction, relying on anecdotal information which underestimates or overestimates the dimensions of the problem. If needs assessments are carefully developed and kept current, they should provide an accurate profile of the target population as a basis for program planning. Agencies may wish to join together to share the costs of such assessments.

A needs assessment provides information upon which to base a substance abuse prevention and treatment approach. If the assessment indicates, for example, that the substance most often abused in the neighborhood is alcohol, program efforts should be focused on alcohol. If crack/cocaine usage is a threat, program efforts should address the special problems associated with crack. Agency staff will need to keep in mind that usage of alcohol has remained relatively stable over time, but the abuse of illegal drugs is subject to rapid changes that by their very nature are rarely well documented. Polydrug use is likely to emerge as a common problem across virtually all communities.

Potential Barriers

Potential barriers to effective linkages include:

- Different eligibility criteria for different programs and agencies. This can delay a family's acceptance into programs. In some cases, a family might meet the eligibility criteria for one agency and not for another. This can render the network ineffective as a functioning whole.
- Logistical considerations. If some agencies are inaccessible, or transportation or child care arrangements are lacking, their participation in the network may be less effective.
- Budgetary constraints. Network development and case management take staff time and dollars. Costs associated with cooperating in a community network of agencies will have to be taken into consideration during budget development.
- Recordkeeping and record sharing issues. Head Start agencies collect information by such means as child and family needs assessment, health histories, child physical exams, and IEPs. Other agencies collect different or similar kinds of information, for example, assessment and diagnosis information. Agencies need to determine ways in which they may appropriately share relevant information, including developing computerized, management information systems.
- Agency reporting requirements. Most agencies must report regularly to their funding sources in a format which addresses specific content results. This requirement influences behavior and at least partially structures the thinking and actions of organizations. Because of reporting requirements, agencies may want to combine and share program data and results, so one agency takes major responsibility for a service about which another agency may want to report.

In addition, where families are served by more than one agency, there may be duplication of numbers. The network of organizations should consider appropriate counting systems to serve the purposes of both community needs assessment and reporting to funding sources.

Families must know that the information they share about themselves will be confidential according to strict professional standards. Therefore, it is imperative that programs working together in a partnership network develop clear confidentiality guidelines and practices which are strictly followed. These guidelines and practices should include:

- Access limited to staff on a need-to-know basis;
- Protection of computer files by passwords; and
- Strict safeguards to protect access to open files.

Head Start grantees may want to assess confidentiality procedures already in place, especially for children who have been abused or neglected, children with disabilities or children with AIDS. Partnership agencies need to inform families of confidentiality procedures and obtain permission for key staff in each agency to discuss a case within the network, subject to practices which ensure confidentiality.

- Control issues. Agencies may disagree about who has the appropriate expertise to provide certain services. Network agreements should specify the roles and responsibilities of each agency.

Barriers such as these can generally be overcome if all parties commit to developing and maintaining a strong community network which focuses on the population to be served rather than on any single agency or program.

Linking With a Community Network

A Head Start grantee should first determine if there is an established substance abuse prevention and treatment network in the community. Recently, many localities have taken steps to develop such networks. Some Head Start agencies have already begun to collaborate in community level service systems. Treatment centers, local hospitals, mental health clinics, the State RADAR contact and a NASADAD representative can be contacted to determine if there is already an established network in the community. If there is not, Head Start can take the initiative in developing one.

There are numerous community, State sponsored and Federally sponsored projects and organizations with which Head Start programs might consider developing formal and informal relationships. Examples of these include:

- Community-wide intake and referral systems such as those pioneered by the Office for Treatment Improvement and the Office for Substance Abuse Prevention in the Alcohol, Drug Abuse and Mental Health Administration (see below).
- The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program of Medicaid, in addition to Medicaid itself. This program can be used to screen, diagnose and treat children of low income substance abusing families. The extent of Medicaid coverage of substance abuse treatment varies from State to State. Federal legislation provides broad Medicaid funding for services for young children.
- Mental health clinics or private mental health practitioners. Mental health clinics or practitioners may not treat substance abuse, but rather refer individuals to other programs. Thus, it is important to determine both the extent of coverage provided, as well as methods of payment available to a family which are accepted by providers. Effective child and family mental health services are the cornerstone of a viable prevention program in Head Start and other family support programs. Just as physical health is important to a family's well being, so is mental health.
- Local hospitals' inpatient and outpatient treatment programs, and local substance abuse prevention and treatment programs. Agencies need to be able to refer people immediately to substance abuse treatment programs when they are receptive to a referral. Formal relationships can include priority given to referrals from network agencies.
- Community health centers and clinics, including migrant and Indian health centers, or private practitioners. People who abuse substances and members of their families often experience a variety of health problems. Treatment is more likely to be effective when a family's physical health needs are appropriately understood and met. These linkages should include prenatal care providers with expertise in substance abuse.

- The State lead agency for administering P.L. 99-457 of the Education of the Handicapped Act Amendments, and local representatives of that agency (for example, members of the Interagency Coordinating Council). Some children prenatally exposed to harmful substances will need to be linked specifically with services for children with disabilities.
- The Special Supplemental Food Program for Women, Infants and Children (WIC). WIC is a Federal program which provides supplemental foods, nutrition education, and referrals to health and social services for pregnant, breastfeeding, and postpartum women and children up to age 5 who are at nutritional risk. Some State and local agencies have incorporated substance abuse information into their programs, and a WIC manual on substance abuse education has been developed (see "Bibliography").
- Chapters of "12-step" programs such as Alcoholics Anonymous, Al-A-Teen, Al-A-Non, Narcotics Anonymous and other local peer support programs. Programs such as these can serve as powerful treatment tools for persons wanting to recover from an addiction or from the addiction of a family member. In most localities, there are frequent meetings of programs like them for family members. It is often possible to get lists of meetings.
- Representatives of the National Association of State Alcohol and Drug Abuse Directors (NASADAD).
- Child welfare agencies and child protective services. These agencies are often involved with families with a wide range of problems, including families experiencing a problem with substance abuse. Children may or should be, in foster care. Alcohol and other drug abuse is frequently cited in cases of child abuse and neglect.
- The JOBS program. There are a number of linkage opportunities with the JOBS program. Families might be referred to the program during recovery. Children of families in the program might be placed in Head Start or served through coordinated child care arrangements. Head Start or other network agencies may be used as job training opportunities for family members recovering from substance abuse.
- Schools. Head Start and the public schools have complementary roles to play in substance abuse prevention. Linkages with local schools can help to ensure developmental continuity for children during the transition from Head Start to kindergarten and elementary school
- The police department. Criminal activity and violence, including domestic violence, often occurs in communities with substance abuse problems. Possession of certain substances is a criminal activity. Using services of the police department, such as training and family education, can help families become acquainted with law enforcement in their area. Networking can forge an alliance between the police and other agencies, and between police and families in the community.
- The judicial system. Families experiencing problems with substance abuse are often involved in the criminal justice system. Courts sometimes require or counsel parents to enroll their children in Head Start as a part of the family's treatment and recovery process.

- Shelters for the homeless and for abused persons. Homelessness is an increasing problem in both urban and rural areas of the country, and is often linked with substance abuse. When there is violence in the home, family members may need to be referred to hotlines and shelters. Linkages might ensure Head Start clients priority consideration for available spaces in shelters.
- Housing programs. Families experiencing a problem with substance abuse may be among the community's homeless or residing in shelters. Some families may be seeking relocation.
- Volunteer organizations. Substance abuse prevention and treatment resources are strained. In addition to the services provided to programs by family members, outside volunteers can play an invaluable role in stretching program dollars and capabilities. Well trained volunteers may provide temporary homemaker services to get a child ready to go to the local Head Start program. Volunteers may also offer to provide transportation or child care for a family or many other services which network agencies may be unable to provide at any given time.
- Community education programs and activities.
- Other community groups and resources. For example, organizations addressing the needs of specific populations, and educational and emergency hotlines.

Content of a Formal Agreement

Formal agreements generally cover the following:

- The position of the agencies regarding substance abuse;
- Provisions for joint funding and joint staffing, if applicable;
- The nature of the relationship between programs, including referral arrangements and case management strategies, as well as any arrangements for giving priority service to persons referred by the partner agency;
- Resources, training and any other additional services or materials agencies will provide each other;
- Data collection and data sharing procedures, including how families' confidentiality will be maintained;
- An annual review of the duration of the agreement; and
- The position of the person in charge of overseeing the agreement in each program.

Resources for Rural Programs

Head Start may face a special challenge in developing partnerships with other agencies in remote rural areas. Resources which may be particularly helpful to rural Head Start programs include:

- Public health agencies;
- Statewide substance abuse networks;
- The State Alcohol and Drug Abuse Division and, where relevant, its regional representatives;
- The State office of the Regional Alcohol and Drug Awareness Resource Network, which consists of State clearinghouses, specialized information units of national organizations, and the Department of Education Regional Training Centers;

- Private practitioners;
- Child welfare and social services; and
- The criminal justice system.

Rural and other programs with few local resources should consider utilizing State and regional workshops on substance abuse, including those sponsored by the National Association of State Alcohol and Drug Abuse Directors, in addition to those sponsored by Head Start and other child development and family support groups. Rural programs may have to overcome special transportation problems and may have little access to treatment services. Regionwide or Statewide Head Start associations may have ideas about how rural agencies can address these issues.

V. Community Partnerships

RESOURCES

A. Federally Funded Models

The following three projects, somewhat different in their approaches and goals, are examples of the community level services networks which can improve Head Start programs. Each is funded by the Federal government for a specified time period and it is expected that such programs will serve as prototypes for structures likely to be supported in the future.

COMMUNITY PARTNERSHIP PROGRAM, OFFICE FOR SUBSTANCE ABUSE PREVENTION

These 95 demonstration grants are designed to demonstrate the effectiveness of providing long-term, multidisciplinary resources. These resources will assist communities to plan and implement coordinated, comprehensive, community wide alcohol and other drug abuse prevention systems, programs, and activities. States with funded programs and the number of projects awarded in each State include:

Alaska (2)
Arizona (1)
California (7)
Colorado (3)
Connecticut (3)
District of Columbia (1)
Florida (5)
Georgia (3)
Hawaii (1)
Illinois (3)
Iowa (1)
Kansas (1)
Kentucky (2)
Louisiana (1)
Maine (2)
Maryland (4)
Massachusetts (8)
Michigan (1)
Minnesota (1)
Mississippi (2)
Missouri (1)
Montana (2)
New Jersey (2)
New Mexico (2)
New York (8)
North Carolina (1)
Ohio (6)
Oklahoma (3)
Oregon (2)
Pennsylvania (2)
South Carolina (1)
Tennessee (2)
Texas (4)
Utah (1)
Virginia (1)
Washington (2)
West Virginia (1)
Wisconsin (2)

Partnerships should enhance, promote and improve effective local prevention program implementation, reduce risk factors in the environment of the target communities, and increase individual resiliency. Funds are used to do the following:

- Identify needs and service gaps in target communities;
- Establish priorities;
- Coordinate new and established prevention programs throughout the communities; and
- Assist public and private organizations to promote and support drug abuse prevention programs.

There are a number of partnership elements including:

- Public-private collaboration;
- Involvement of health, education, law enforcement, housing and human services agencies;
- Involvement of grassroots community groups, religious institutions, business and industry, civic and fraternal organizations, education, media, family/parent/youth groups, and health providers; and
- Membership of local government entities with jurisdiction over the target communities.

For more information about these projects, contact Darlind Davis, Deputy Director, Division of Prevention Implementation, OSAP, Phone: (301) 443-0369.

MODEL COMPREHENSIVE TREATMENT PROGRAMS FOR CRITICAL POPULATIONS, OFFICE FOR TREATMENT IMPROVEMENT

Eighty grants, totalling $24.2 million, have been awarded under this three-year demonstration project to provide a continuum of comprehensive therapeutic services and aftercare. These services should improve treatment outcomes for critical populations (adolescents, racial/ethnic minority populations, residents of public housing projects, and subgroups including the homeless, people with multiple disorders such as mental illness or AIDS, and rural populations).

Thirty-two grants were awarded for racial/ethnic minority projects; 28 grants for adolescent projects; 10 for mixed population projects, and 7 for public housing projects.

States and territories which received grants and the number of projects awarded in each State include:

Alaska (1)
Arkansas (1)
California (15)
Colorado (1)
Connecticut (1)
Delaware (1)
District of Columbia (4)
Florida (6)
Georgia (1)
Illinois (6)
Iowa (1)
Louisiana (1)
Massachusetts (1)
Michigan (2)
Micronesia (2)
Minnesota (1)
Missouri (1)
Montana (1)
Nevada (1)
New Jersey (1)
New Mexico (1)
New York (5)
North Dakota (1)
Ohio (1)
Oklahoma (1)
Oregon (4)
Pennsylvania (2)
Puerto Rico (2)
Rhode Island (1)
Tennessee (3)
Texas (3)
Vermont (1)
Virgin Islands (1)
Washington (2)
Wisconsin (3)

Funded program components include:

- Enhanced outreach methods;
- The provision of on-site primary and acute medical care;
- Staff training;
- Health education (including AIDS education);
- Psychological and psychiatric services;
- Facility improvements;
- Life skills, educational and vocational counseling; and
- Enhanced aftercare.

More information about these projects can be obtained from Dr. Rebecca Asheri, OTI Project Officer, Phone: (301) 443-6549.

TARGET CITIES PROGRAM, OFFICE FOR TREATMENT IMPROVEMENT

This is a $28.5 million program. Cooperative agreements with eight major American cities seek to improve city-wide drug treatment systems by developing partnerships to ensure comprehensive coordinated delivery of services. Cities that received Federal funds for the three-year target cities demonstration projects, in order of the amount of funding received, are:

- Boston, Massachusetts
- Baltimore, Maryland
- Los Angeles, California
- Atlanta, Georgia
- San Juan, Puerto Rico
- New York, New York
- Albuquerque, New Mexico
- Milwaukee, Wisconsin.

The project plans centralized treatment intake units to improve the system. This should enhance speed of service delivery and alleviate problems of overcrowding and underutilization. Specific target cities' program goals are to:

- Improve patient retention and reduce relapse;
- Improve staff retention and quality;
- Provide a full range of drug treatment and related health and human services; and
- Improve treatment services for at least one of the city's critical populations (i.e., adolescents, minorities, pregnant women, female addicts and their children, or residents of public housing).

Additional information regarding these programs can be obtained from: Clifton Mitchell and Tom Edwards, OTI Project Officers. Phone: (301) 443-8802.

B. State/Regional Head Start Model for Substance Abuse Collaboration

Head Start grantees in New Jersey are collaborating with other organizations about the issue of substance abuse. This is a public-private partnership involving government at the Federal, State and local levels, as well as the State Head Start Association.

This collaboration is an outgrowth of a Federal initiative spearheaded by Region II of the Office of Human Development Services. The activity started with a Statewide Head Start training conference sponsored by OHDS' New York Regional Office. A task force planned the conference and involved Federal officials, representatives of a number of State agencies, local Head Start programs, the State Head Start Association, the Head Start Resource Center and the Resource Access Project (operated for Region II Head Start by New York University).

In conference follow up, New Jersey was divided into four planning clusters of 7-8 grantees each. Each cluster was supported by a substance abuse specialist provided by collaborating State agencies. Each grantee was asked to put together a plan which was sent to the Regional Office for review. Region II asked the Head Start Resource Center to assist in the technical review process by coordinating a team of consultants who provided comments to OHDS. As a result, some Head Start grantees were given seed money for such purposes as hiring a consultant to do staff training on mental health.

Efforts are continuing to broaden the partnership. A task force is working to develop an agreement between the OHDS Regional Administrator, the Governor's Council on Alcoholism and Drug Abuse and the Commissioner of Health and Human Services for New Jersey. County government and the private sector will also be included in the collaborative network.

The State health department has also gave a $75,000 grant to the State Head Start Association to hire a full time alcohol and drug abuse director. The State health department also awarded a grant of $250,000 to Somerset County Council on Alcohol and Drug Abuse to train Head Start staff Statewide in the use of the BABES curriculum (see Curricula chapter for a description of BABES).

For more information about the New Jersey model contact:

Robert Daniels or Pat Hall
Region II Resource Center
New York University
48 Cooper Square, Rm. 103
New York, NY 10003
(212) 998-7205

or

Sharon Wien, Administrator
Center for Family Resources, Inc.
547 Ringwood Avenue
Wanaque, NJ 07465
(201) 839-4748

C. The Head Start Model Family Needs Assessment Process: User's Manual

This publication is a tool for collecting information about families in a consistent and effective way, and for helping grantees plan and provide services to enrolled families. It is designed to foster a team-work approach between staff and family to promote family participation in planning family goals.

The manual describes and explains seven key strategies for family needs assessment:

- Making contact and establishing relationships with the family;
- Completing the Intake/Family Profile;
- Completing the Family Needs form;
- Identifying family goals;
- Devising a family assistance plan;
- Implementing the family assistance plan; and
- Evaluating family goal attainment.

A model timeframe is included for taking the steps with the family. The manual is written specifically for Head Start grantees and is meant to accompany "A Guide for Providing Social Services in Head Start".

For more information contact:

Rick Johnson
Head Start Bureau
P.O. Box 1182
Washington, DC 20013
(202) 245-0405

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Appendix A. Commonly Abused Substances

I. Commonly Abused Substances and Their Street Names

Category	Drug	Street Name(s)
Cannabis	Marijuana	Pot, Grass, Reefer, Weed, Dope, Mary Jane, Acapulco Gold, Thai Sticks, Sinsemilla, Sess
	Hashish	Hash
Depressants	Alcohol	Booze, Brew, Juice
	Barbiturates (Nembutal, Seconal, Amytal, Tuinals)	Downers, Barbs, Blue Devils, Red Devils, Yellow Jackets, Yellows
	Methaqualone (Quaaludes)	Ludes, Sopors
	Tranquilizers (Valium, Librium, Equanil, Miltown, Seraax, Tranxene)	Tranks
Hallucinogens	Lysergic Acid Diethylamide	LSD, Acid, Tabs, Green or Red Dragon, White Lightning, Blue Heaven, Sugar Cubes, Microdot, Windowpane
	Mescaline and Peyote Cactus	Mesc, Buttons
	Psilocybin	Magic Mushrooms, Mushrooms
	Phencyclidine	PCP, Angel Dust, Loveboat, Lovely, Hog, Killer Weed
Inhalants	Paint thinner Glue Liquid paper Nitrous oxide (laughing gas) Gasoline Hair spray Freon Fingernail polish remover	
Narcotics	Heroin	Smack, Horse, Brown Sugar, Junk, Mud, Big H, Black Tar
	Methadone	
Stimulants	Cocaine	Coke, Snow, Flake, White, Blow, Nose Candy, Big C, Snowbirds, Lady
	Crack Cocaine	Crack, Freebase, Rock
	Amphetamines (Benzadrine, Desoxyn Dexadrine, Biphetamine, Phenylpropanolomine (cold pills), Diet Pills	Speed, Uppers, Ups, Black Beauties, Pep Pills, Copilots, Hearts, Bumblebees, Footballs, Bennies
	Methamphetamines	Crank, Crystal Meth, Crystal, Speed, White Crosses

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II. The Effects of Commonly Abused Substances

Cannabis

- Immediate effects include increased heart rate, bloodshot eyes, dry mouth, and increased appetite.
- May impair or reduce short-term memory and comprehension, with reduced ability to perform tasks requiring concentration and coordination.
- May alter sense of time.
- May lead to paranoia and psychosis.
- Damages lungs and pulmonary system when inhaled.
- May result in psychological dependence and tolerance.

Depressants

- In small doses, may result in feeling calm with relaxed muscles.
- In larger doses, may result in slurred speech, staggering, and perceptual alterations.
- In very large doses, may result in respiratory depression, coma, and death.
- Used in combination, the effects of the drugs and their risks are multiplied.
- May result in both physical and psychological dependence.
- May lead to tolerance and, thus, increased intake.
- Dependence leads to withdrawal when dosage is stopped. Effects of withdrawal range from restlessness, insomnia and anxiety to convulsions and death.
- Prenatal exposure may cause physical dependency, withdrawal, birth defects and later behavioral problems.

Hallucinogens — PCP

- Interrupts intellectual functioning and control of instincts and disturbs muscle coordination.
- Blocks pain receptors; may cause violent behavior resulting in self-inflicted injury.
- May result in a sense of distance and estrangement, slowed time and body movement, chilled senses, and blocked and incoherent speech.
- Chronic use may result in memory and speech problems for 6 months to a year and disorders (depression, anxiety, violent behavior).
- In a later stage of use, paranoia, violent behavior and hallucinations may occur.
- Large doses may result in convulsions and coma, heart and lung failure and ruptured blood vessels in the brain.

Other Hallucinogens

- Immediate physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, appetite loss, sleeplessness, and tremors.
- Can cause illusions and hallucinations and rapidly changing sensations and feelings.

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- May cause negative psychological reactions, including panic, confusion, suspicion, anxiety, and loss of control.
- Effects may recur even after use has ceased.

Inhalants

- Immediate effects include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite.
- Solvents and aerosol sprays decrease heart and respiratory rates and impair judgment.
- Amyl and butyl nitrite cause rapid pulse, headache, and involuntary passing of urine and feces.
- Long term use may result in hepatitis or a brain hemorrhage.
- Deep inhalation or short term heavy use may result in disorientation, violent behavior, unconsciousness or death.
- Long term use may result in weight loss, fatigue, electrolyte imbalance, muscle fatigue, and permanent damage to the nervous system.

Narcotics

- Feeling of euphoria often followed by drowsiness, nausea, and vomiting; constricted pupils, watery eyes, and itching.
- Rapidly developing tolerance and dependence.
- Injections increase risk of HIV infection and hepatitis.
- Overdose may produce slow shallow breathing, clammy skin, convulsions, coma and death.
- Addiction during pregnancy can lead to premature, stillborn, or addicted infants who experience severe withdrawal.

Stimulants

- Effects of all stimulants may include dilated pupils and elevated blood pressure, heart rate, respiratory rate and body temperature, appetite loss, sweating, headache, blurred vision, anxiety, insomnia, mood changes, restlessness, paranoia and seizures.
- Stuffy or runny nose from occasional inhalation of cocaine.
- Ulcerated mucous membrane of the nose from chronic cocaine inhalation.
- Increased risk of HIV infection, hepatitis and other diseases when drugs are injected, as well as sudden increase in blood pressure which can result in stroke, very high fever, or heart failure.
- Psychological and physical dependence on cocaine and crack.
- Prolonged amphetamine use can result in amphetamine psychosis that includes hallucinations, delusions and paranoia, which usually disappear when use ceases.
- Rapidly developing tolerance for cocaine and crack.
- Disruption of the brain's control of the heart and respiration which can lead to death.

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Appendix B. Resources

The following lists of national, regional, and State resources were accurate as of January, 1991.

I. National Resources

a. HOTLINES AND CLEARINGHOUSES

National Clearinghouse for Alcohol and Drug Information (NCADI)
Box 2345
Rockville, Maryland 20852
(301) 468-2600

A drug and alcohol information resource which distributes up-to-date research results, popular press and scholarly articles, videos, prevention curricula, and program descriptions.

National Institute on Drug Abuse (NIDA)
U.S. Department of Health and Human Services
1-800-638-2045

Provides technical assistance to individuals and groups who wish to start a drug prevention program.

NIDA Drug Abuse Information and Treatment Hotline
1-800-662-HELP
(Weekdays, 9 a.m.-3 a.m.;
Weekends, 12 p.m.-3 a.m., EST),
1-800-AYUDA (Spanish language line)

Provides cocaine and other drug related information and AIDS information to IV drug abusers and their families, and refers callers confidentially to drug abuse treatment programs in their local communities.

NIDA Drug-Free Workplace Helpline
1-800-843-4971
(Weekdays, 9 a.m.-8 p.m. EST)

Provides technical assistance on development and implementation of comprehensive drug-free workplace programs. Helpline staff provide consultation, publications and referral resources.

NIDA Clearinghouse
Room 10-A-43
5600 Fishers Lane
Rockville, Maryland 20852
(301) 443-6500

Publication list available upon request, along with placement on mailing list for new publications. Single copies are free.

National Institute on Alcoholism and Alcohol Abuse
Clearinghouse
P.O. Box 2345
Rockville, Maryland 20852
(301) 468-2600

Publication list available upon request, along with placement on mailing list for new publications. Single copies are free.

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, Maryland 20850
1-800-458-5231
(Weekdays, 9 a.m.-7 p.m. EST)

A comprehensive information service which collects, classifies and distributes up-to-date information and provides expert assistance to HIV and AIDS prevention professionals. Specialists answer questions, make referrals and help locate publications. Spanish and French speaking reference specialists are available.

Cocaine Helpline
1-800-COCAINE

Round-the-clock information and referral service. Counselors are reformed cocaine addicts who offer guidance and refer drug users and parents to local public and private treatment centers and family learning centers.

National Council on Alcoholism Information Line
1-800-622-2255

Provides information about alcoholism, other drug addictions, and related problems, and makes referrals for persons seeking help with alcohol or other drug problems.

b. SUPPORT SERVICES

Al-Anon Family Group Headquarters
1372 Broadway
New York, NY 10018
1-800-356-9996

A resource for family members and friends of alcoholics.

Alcoholics Anonymous
General Services Office
P.O. Box 459
Grand Central Station
New York, New York 10163
(212) 686-1100

A 12-step program for alcoholics who meet to help one another with their alcohol dependency problem.

Narcotics Anonymous
World Service Office
P.O. Box 9999
Van Nuys, California 91409
(818) 780-3951

Similar to Alcoholics Anonymous, a 12-step program for people who meet to help one another with drug dependency problems.

Nar-Anon Family Group
Headquarters
World Service Office
P.O. Box 2562
Palos Verdes Penninsula,
California 90274
(213) 547-5800

Similar to Al-Anon, the program supports people with friends or family members with drug problems.

Families Anonymous
Headquarters
P.O. Box 528
Van Nuys, California 91408
(818) 989-7841

Structured similarly to Alcoholics Anonymous, the organization offers a 12-step self-help program for families and friends of people with behavioral problems usually associated with drug abuse.

c. INFORMATIONAL ORGANIZATIONS

American Council for Drug Education
204 Monroe Street
Rockville, Maryland 20850
(301) 294-0600

Provides information on drug use, develops media campaigns, reviews scientific findings, publishes resources, including a newsletter, films, and curricula.

National Council on Alcoholism, Inc.
12 West 21st Street
New York, New York 10010
(212) 206-6770

National voluntary health agency which provides information about alcoholism and alcohol problems through more than 300 local affiliates.

March of Dimes
Birth Defects Foundation
National Headquarters
Community Services Department
1275 Mamoroneck Avenue
White Plains, New York 10605
(914) 429-7100

Provides informational materials on substance abuse during pregnancy. A catalogue is available.

Hazeldon Foundation
Pleasant Valley Road, Box 176
Center City, Minnesota 55012-0176
1-800-328-9000

Publish extensive educational materials and self help literature for participants in 12-step recovery programs and professionals working in the field. Catalogue available.

Johnson Institute
7151 Metro Boulevard
Minneapolis, Minnesota 55439-2122
1-800-231-5165
1-800-247-0484 in Minnesota
944-0511 in Minneapolis/St. Paul metro area

Publish extensive education materials and literature on chemical dependence as a treatable disease. Have developed publications, films, video and audiocasesetts, training and consultation services, intervention and treatment methods. Catalogue available.

d. EARLY CHILDHOOD/FAMILIES

American Academy of Pediatrics
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, Illinois 60009-0927
(312) 981-7633

Association for the Care of Children's Health
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202) 244-1801

Bureau of Maternal, Child and Infant Health
Public Health Service
Room 931
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6600

Center for the Improvement of Child Caring
11331 Ventura Boulevard
Suite 103
Studio City, California 91604
(818) 980-0903

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091
(703) 620-1054

Families in Action National Drug Information Center
2296 Henderson Mill Road
Suite 204
Atlanta, Georgia 30345
(404) 934-6364

Indian Health Service
Parklawn Building
Room 5-A-55
5600 Fishers Lane
Rockville, MD 20857
(301) 443-1083

Institute on Black Chemical Abuse
2614 Nicollet Avenue
Minneapolis, Minnesota 55408
(612) 871-7878

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National Asian Pacific American Families Against Substance Abuse, Inc.
420 East Third Street
Suite 909
Los Angeles, California 90013
(213) 617-8277

National Association for the Education of Young Children
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009
(202) 232-8777

National Association of Hispanic Health and Human Services Organizations (COSSMHO)
1030 15th Street, N.W.
Suite 1053
Washington, D.C. 20005
(202) 371-2100

National Black Child Development Institute
1463 Rhode Island Avenue, N.W.
Washington, D.C. 20005
(202) 387-1281

National Center for Clinical Infant Programs
2000 14th Street
Suite 380
Arlington, VA 22201
(703) 528-4300

National Head Start Association
1220 King Street
Suite 200
Alexandria, Virginia 22314
(703) 739-0875

National Information Center for Children and Youth with Handicaps
Post Office Box 1492
Washington, D.C. 20013
(703) 893-6061 (local/voice)
800-999-5599 (toll free)
(703) 893-8614 (TDD only)

e. EMPLOYEE ASSISTANCE

Employee Assistance Professionals Association
National Office and Resource Center
4601 North Fairfax Drive
Suite 1001
Arlington, Virginia 22203
(703) 522-6272

Employee Assocation of North America
2728 Phillips
Berkeley, Michigan 48072
(313) 545-3888

Occupational Program Consultants Association
P.O. Box 06205
Columbus, Ohio 43206
(614) 464-0191

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II. Head Start Resource Centers and Resource Access Projects

Many resource centers and RAPs have compiled information about substance abuse prevention and treatment. A number of centers have developed lending libraries on the topic as well. Contact your Resource Center or RAP for further information.

a. RESOURCE CENTERS

Region I
Sheila Skiffington, Director
Head Start Resource Center
Education Development Center
55 Chapel Street
Newton, Masschusetts 02160
(617) 969-7100

Region II
Robert Daniels, Director
Head Start Resource Center
New York University
48 Cooper Square, Room 103
New York, New York 10003
(212) 998-7205

Region III
JoAn Knight Herren, Director
Head Start Resource Center
University of Maryland
University College
University Boulevard at Adelphi Road
College Park, Maryland 20742
(301) 985-7840

Region IV
Colleen Mendel, Director
Head Start Resource Center
Western Kentucky University
Room 344, Tate C. Page Hall
Bowling Green, Kentucky 42101
(502) 745-4041

Region V
Roy Pierson, Director
Head Start Resource Center
CSR, Inc.
79 West Monroe Street
Suite 719
Chicago, Illinois 60603
(312) 236-3786

Region VI
Mary Tom Riley, Director
Institute for Child and Family Studies
Texas Tech University
1200 Main Tower, Suite 1210
Dallas, Texas 75202
(800) 225-1255

Region VII
Donna McDaniel, Director
Head Start Resource Center
Community Development Institute
6528 Raytown Road, Suite C
Raytown, Missouri 64133
(816) 356-5373

Region VIII
Deborah Hinrichs, Director
Head Start Resource Center
Community Development Institute
777 South Wadsworth Boulevard
Building One, Suite 103
Lakewood, Colorado 80226
(303) 989-5929

Region IX
Michael Juarez, Director
Head Start Resource Center
Development Associates, Inc.
1475 North Broadway, Suite 200
Walnut Creek, California 94596
(415) 935-9711

Region X
Terry Liddell, Director
Head Start Resource Center
Development Associates, Inc.
2815 2nd Avenue, Suite 394
Seattle, Washington 98121
(206) 441-7968

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Region XI
(Native American)
Antonia Dobrec, Director
Head Start Resource Center
Three Feathers Associates
P.O. Box 5508
Norman, Oklahoma 73070
(405) 360-2919

Region XII
(Migrants)
Leilani Pennel, Interim Director
Head Start Resource Center
InterAmerica Research Associates
7926 Jones Branch Drive
Suite 1100
McLean, Virginia 22102
(703) 893-6778

b. RAPs

Region I
Joanne P. Brady, Director
New England RAP
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02160
(617) 969-7100

Region II
Dinah Heller, Director
New York University RAP
Department of Human Services
and Education, SCE
48 Cooper Square, Room 103
New York, New York 10003
(212) 998-7205

Region III
JoAn Knight Herren, Director
University of Maryland RAP
Head Start Resource and
Training Center
University College
University Blvd at Adelphi Rd
College Park, Maryland 20742
(301) 985-7840

Region IV
(Florida, Georgia, North Carolina, South Carolina)
Brenda Bowen, Director
Region IV RAP
Chapel Hill Training-Outreach Project
Lincoln Center, Merritt Mill Road
Chapel Hill, North Carolina 27514
(919) 967-8295

Region IV
(Mississippi, Tennessee, Alabama, Kentucky)
Valerie R. Campbell, Director
Region IV RAP
141 Mayes Street
Jackson, Mississippi 39213
(601) 362-9154

Region V
Merle B. Karnes, Director
Great Lakes RAP
Colonel Wolfe School
403 East Healey
Champaign, Illinois 61820
(217) 333-3876

Julia Herwig
Portage Subcontract – CESA 5
626 E. Slifer Street
Portage, Wisconsin 53901
(608) 742-8811

Region VI
Mary Tom Riley, Director
Texas Tech University RAP
P.O. Box 4170
Lubbock, Texas 79409
(806) 742-3296
1-800-527-2802

Region VII
Richard Whelan, Director
Region VII Head Start RAP
CRU 26
University of Kansas Medical Center
39th & Rainbow Blvd.
Kansas City, Kansas 66103
(913) 588-5961

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Region VIII
Harriet Able-Boone, Project Director
Janet Speirer, Co-Director
Region VIII RAP
University of Colorado
School of Education
1200 Larimer Street
Campus Box 106
Denver, Colorado 80204
(303) 893-0330

Region IX
Ginger Mach-Ward, Project Director
Southwest Human Development RAP
Suite 100
1366 East Thomas Road
Phoenix, Arizona 85014
(602) 266-5976

Region X
Carillon J. Olmstead,
Director of Training
Region X RAP
Portland State University
P.O. Box 1491
Portland, Oregon 97207
(503) 464-4815
1-800-452-4909, ext. 4815
(inside Oregon)
1-800-547-8887, ext. 4815
(outside Oregon)

Region XI
(Native American Grantees in Oklahoma, North Dakota, South Dakota, Montana, and New Mexico)
Antonia Dobrec
Three Feathers Associates
P.O. Box 5508
Norman, Oklahoma 73077
(405) 360-2919

III. Department of Education Regional Training Centers

The regional training centers provide training assistance and expertise to local schools to prevent and reduce alcohol and other drug use by students.

Georgia
Margaret Bradford
Library/Information Specialist
Southeast Regional Center for Drug-Free Schools and Communities
50 Hurt Plaza
210 Hurt Building
Atlanta, GA 30303
(404) 688-9227

Illinois
Mickey Sinn
Midwest Regional Center for Drug-Free Schools and Communities
2001 N. Clybourn, Room 302
Chicago, IL 60614
(312) 883-8888

New York
Karen Means, Director
Evaluation and Dissemination
Northeast Regional Center for Drug-Free Schools and Communities
12 Overtone Avenue
Sayville, NY 11782
(516) 589-7022

Oklahoma
Margretta Bartlett
Southwest Regional Center for Drug-Free Schools and Communities
University of Oklahoma
555 Constitution Avenue
Room 138
Norman, OK 73037
(405) 325-1454

Oregon
Kathy Laws
Western Center for Drug-Free Schools and Communities
Northwest Regional Educational Lab
101 SW Main Street, Suite 500
Portland, OR 97204
(503) 275-9500

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IV. State Regional Alcohol and Drug Awareness Resource (RADAR) Network

The RADAR Network consists of State clearinghouses, specialized information centers of national organizations, and the Department of Education Regional Training Centers. Each RADAR Network member can offer the public a variety of information services.

a. STATE RADAR CENTERS

Alabama
Crystal Jackson
Clearinghouse Coordinator
Alabama Department of Mental Health/Mental Retardation
P.O. Box 3710
200 Interstate Park Drive
Montgomery, AL 36193
(205) 271-9258

Alaska
Joyce Paulus
Librarian
Alaska Council on Prevention of Alcohol and Drug Abuse
7521 Old Seward Highway
Anchorage, AK 99518
(907) 349-6602

American Samoa
Scott Whitney
Dept. of Human Resources
Social Services Division
Government of American Samoa
Pago Pago, AS 96799
(684) 633-4485

Arizona
Allen Brown
Extended Education
Arizona State University
Tempe, AZ 85287-1708
(602) 965-7046

Arkansas
Patsy Wagner
Clearinghouse Coordinator
Office on Alcohol and Drug Abuse Prevention
P.O. Box 1437
400 Donaghey Plaza N.
7th and Main Street
Little Rock, AR 72203-1437
(501) 682-6653

California
Peggy Blair
Drug Program Analyst
State of California Department of Alcohol and Drug Programs
111 Capitol Mall, Room 250
Sacramento, CA 95814-3229
(916) 324-7262

Colorado
Linda M. Garrett
Resource Department
Colorado Alcohol and Drug Abuse Division
4210 East 11th Avenue
Denver, CO 80220
(303) 331-8201 or 8248

Connecticut
Judith Bloch
Project Director
Connecticut Clearinghouse
334 Farmington Avenue
Plainville, CT 06062
(203) 793-9791

Delaware
Doris A. Bolt
Dir. of Educational Services
The Resource Center of the YMCA of Delaware
11th and Washington Streets
Wilmington, DE 19801
(302) 571-6975

District of Columbia
Karen Wright
Coord. of Info. and Referral
Washington Area Council on Alcoholism and Drug Abuse
1232 M Street, NW
Washington, DC 20005
(202) 682-1716

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Florida
Cindy Colvin
Florida Alcohol and
Drug Abuse Association
1286 N. Paul Russell Road
Tallahassee, FL 32301
(904) 878-6922 or 2196

Georgia
Marie Albert
Georgia Prevention Resource Center
Division of Mental Health
878 Peachtree Street, NE
Room 319
Atlanta, GA 30309
(404) 894-4204

Guam
Barbara Benavente
Department of Mental Health
and Substance Abuse
P.O. Box 9400
Tamuning, Guam 96911
(671) 646-9261 or 9269

Hawaii
Dr. Ken Willinger
Alcohol and Drug Division
State of Hawaii
Department of Health
1270 Queen Emma Street
Suite 706
Honolulu, HI 96813
(808) 548-4280

Idaho
Richard Baylis/Jack Quast
Health Watch Foundation
1101 W. River, Ste. 270
Boise, ID 83702
(208) 345-4234, or
(800) 733-0328

Illinois
Caroline Murphy
Prevention Resource Center Library
901 South 2nd Street
Springfield, IL 62704
(217) 525-3456

Indiana
Maggie Harter/Jim Pershing
Indiana Prevention Resource Center
for Substance Abuse
840 State Road, 46 Bypass
Room 110
Indiana University
Bloomington, IN 47405
(812) 855-1237

Iowa
Tressa Youngbear
Director
Iowa Substance Abuse
Information Center
Cedar Rapids Public Library
500 First Street, SE
Cedar Rapids, IA 52401
(319) 398-5133

Kansas
Judy Donovan
Public Information Officer
Kansas Alcohol and
Drug Abuse Services
Department of Social and
Rehab. Services
300 S.W. Oakley
Topeka, KS 66606
(913) 296-3925

Kentucky
Dianne Shuntich
Director
Drug Information Service
for Kentucky
Division of Substance Abuse
275 East Main Street
Frankfort, KY 40621
(502) 564-2880

Louisiana
Sanford W. Hawkins, Sr.
Coordinator
Division of Alcohol and Drug Abuse
P.O. Box 3868
Baton Rouge, LA 70821-3868
(504) 342-9352

Street Address
1201 Capitol Access Road
4th Floor, East
Baton Rouge, LA 70821-3868

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Maine
Earle Simpson
Clearinghouse Coordinator
Maine Alcohol and
Drug Abuse Clearinghouse
Office of Alcoholism and
Drug Abuse Prevention
State House Station #11
Augusta, ME 04333
(207) 289-2781

Maryland
Standola Reynolds
Addictions Program Advisor
Alcohol & Drug Abuse Admin.
Department of Health and
Mental Hygiene
201 West Preston Street, 4th Floor
Baltimore, MD 21201
(301) 225-6543

Massachusetts
Donna Woods
Director
Massachusetts Information and
Referral Service
675 Massachusetts Avenue
Cambridge, MA 02139
(617) 445-6999

Michigan
Gail Johnsen
Program Coordinator
Michigan Substance Abuse and
Traffic Safety Information Center
925 E. Kalamazoo
Lansing, MI 48912
(517) 482-9902

Minnesota
Mary F. Scheide
Director of Information Svcs.
Minnesota Prevention Resource Center
2829 Verndale Avenue
Anoka, MN 55303
(612) 427-5310 or
(800) 233-9513

Missouri
Randy Smith
Clearinghouse Coordinator
Missouri Division of Alcohol and
Drug Abuse
1915 Southridge Drive
Jefferson City, MO 65109
(314) 751-4942

Mississippi
Esther Rogers
Mississippi Department of
Mental Health
Division of Alcoholism and
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